C+D
26 May 2007
Chemist+Druggist
www.dotpharmacy.com

Technician debate stirs passions at Society's AGM

Industry prepares wish list for new PM

STOP
THE SWITCH

Pharmacy toughens up on OTC sales

- Big pharma's green credentials
- Travel health: what is bugging you?

HIGH POLLEN COUNTERED FAST.

- **The No.1 selling hayfever brand worth £14.5M***
- **The 3rd highest growing OTC brand across the total OTC category**
- **Supporting you this season with a £3M campaign including TV and outdoor.**

*IRI Market Value Sales; MAT to February 2007

The fastest acting allergy capsule.

Allergy Relief GSL. **Product Information: Presentation:** Acrivastine 8 mg. **Uses:** Allergic rhinitis. Also chronic idiopathic urticaria. **Dosage:** Adults and children s a day. **Contraindications:** Hypersensitivity to acrivastine or triprolidine. Significant renal impairment. **Precautions:** Caution when lertness until familiar with response to drug. Concomitant use of acrivastine with alcohol or other CNS depressants may produce azole, erythromycin or grapefruit juice. **Pregnancy & lactation:** Not recommended. **Side effects:** Rarely drowsiness. **RRP** Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL number:** 15513/0128. **Date of preparation:** March 2005.

26 May 2007
Volume 267 No 6598
ISSN 0009-3033
CMP
Chemist+Druggist
www.dotpharmacy.com

News

Technicians can join royal college, says RPSGB 4
The Royal Pharmaceutical Society's AGM narrowly rejected a bid to ban technicians from joining a royal college

MPs call on pharmacists to 'do' politics 6
Labour MP says pharmacists are 'worst group' for lack of involvement in lobbying

Government must pay for GPC, says RPSGB 8
Profession warns government that it will have to shoulder cost of setting up the new regulatory body for pharmacists

Features

Three easy steps 14
Continuing our series on green issues, Gavin Atkin looks at what progress the big pharmaceutical players are making

What's bugging you? 28
With global warming comes bugs previously only seen abroad. Entomologist Stuart Hine talks about what to expect

Opinion

Time to refocus the primary care debate? 10
Georgina Craig wonders if focusing on individual problems is helpful or just a sideshow to the challenge

Products & Marketing

Skinfood cleans up in the UK 24
Fresh from New Zealand comes a seven-product range

Clinical

Pharmacies in diabetes care model 17
Pharmacists urged to contribute more to help diabetics

Motion sickness 19
How to advise sufferers as the summer holidays approach

Classified & recruitment

Star job 34
A dispensing unit supervisor is needed in Harlow

Technicians survive attempt to bar royal college membership

RPSGB members reject motion to guarantee pharmacist-only leadership body during AGM debate

Max Gosney

Pharmacists have narrowly rejected a bid to ban technicians from joining a pharmacy royal college at the Royal Pharmaceutical Society's AGM last week.

Critics slammed a motion proposing a block to any moves that may lead to technicians becoming full members of the RPSGB or royal college as "regressive" and "borne out of insecurities".

However, supporters warned that pharmacists risked "a conflict of interests" if they failed to pursue exclusive representation.

Oxford pharmacist Mark Walker claimed some pharmacists "would rather sell their children" than sign up to an organisation representing non-pharmacists.

He said: "It's time for us ordinary members to tell Council what we think. Technicians have their own agenda. If we don't have our own voice then the profession will wither and die."

However, Linda Stone, former RPSGB president, retorted: "I'm saddened by the narrowness and attitude of this motion. Pushing technicians away will only make them more powerful."

The debate follows calls for the RPSGB to "capture the confidence" of enthusiasts for a royal college in last week's Carter report on professional regulation and leadership in pharmacy.

Lambeth could not rule on the terms of a royal college that it's not guaranteed to lead, warned Stourbridge pharmacist Ron Pate. "It's not in the RPSGB's power to say who can or who can't join the royal college. I oppose this [motion]," he said.

But Sandra Gidley, Romsey pharmacist and MP, claimed exclusive representation is critical to the profession's future success. She said: "Do we want to dilute the message? We have to move forward as a unified profession that puts pharmacy on the map."

RPSGB president Hemant Patel unsuccessfully attempted to postpone the motion for further discussion. He later told C+D: "We will consult the membership before making any final decision on pharmacy technicians. The points raised need to be discussed as part of a wider debate on what the royal college will do."

Under RPSGB rules, its Council does not have to act on any motion passed during an AGM. However, any motion is regarded as an influential expression of opinion, according to Lambeth.

mgosney@cmpmedica.com

Some pharmacists "would rather sell their children" than allow non-pharmacists into royal college, RPSGB leaders were told during a debate at this week's annual general meeting

Technician debate

The motion:
"This AGM directs Council and the Society to discontinue any consideration, discussion or action that may lead to pharmacy technicians becoming full members of the Society or the proposed royal college."

The results: motion rejected by 48 votes to 34.

Views from the floor:

"Does anybody here seriously suggest that NVQ3 or foundation learning can equal a pharmacy degree?"
Alan Rogers, Epsom

"In five years' time we will have three-year bachelor of science degrees for technicians."
Stephen Denyer, Cardiff

"This motion sends out all the wrong messages. If the Society is to successfully metamorphosise it needs to be inclusive."
Nicholas Wood, Brentwood and past president

"We have a unique opportunity to produce a unifying body."
Graham Phillips, Herts

RPSGB-led royal college will save £2m

Involving the RPSGB in any new royal college structure for pharmacy could save £2 million in set-up costs, analysts for the government claim.

Three options ranging from £3.2m to £5.2m for setting up the new [illegible] pharmaceutical council [illegible] and a royal college (RC) have been evaluated by NERA consulting [illegible]

[illegible] that the creation of a [illegible] GPC [illegible] £5.2m [illegible]

[illegible] College and how it would work with the GPC, he added. The Society still needed to consult with members over what they wanted the RPSGB to be and to do, and what members would be prepared to pay for, he said.

The implementation of the DH's pharmacy regulation and leadership oversight group will provide greater clarity, Mr Kelly added. **AC + GP**

choose not to affiliate with any new royal college, the most expensive option of a GPC and RC established independently of the RPSGB is still feasible, claims the report.

However, the analysis does not state who will pay the set-up costs or how they will be apportioned.

RPSGB finance and resources director Bernard Kelly told C+D [illegible] more clarity was needed over [illegible] future roles if the new organisation [illegible] was still unclear if the RPSGB would be a "central plank" [illegible]

The bill for regulatory change

Net additional costs per year for reforming pharmacy:

A) An independent general pharmaceutical council (GPC) that works closely with a royal college evolving from the RPSGB and which incorporates other expertise – **£3.2m**.

B) An independent GPC that does not work closely with a royal college that evolves from the RPSGB and which incorporates other expertise – **£4.3m**.

C) A GPC and royal college, established independently of the RPSGB – **£5.2m**.

Industry acts on drug abuse

Pharmacy stakeholders have urged contractors to keep an eye on sales of pseudoephedrine and ephedrine medicines as the industry launches a series of measures to clamp down on crystal meth abuse.

In an "unprecedented" move, the NPA and RPSGB have written to pharmacists urging them to remove all affected products from self-selection and refuse sales where customers are suspected of misuse.

The action follows MHRA proposals to reclassify pseudoephedrine and ephedrine as POM over fears criminals are using products bought from pharmacies to make class A drug crystal meth.

Pharmacists are urged to ensure guidance on standard operating procedures includes referral to a pharmacist for customers buying more than one box or repeat requests for pseudoephedrine and ephedrine medicines under the NPA/RPSGB guidance.

"It shows how serious the profession is about tackling the problem," an NPA spokesperson said.

The initiative heralds a series of measures championing the role pharmacy can play in countering criminal abuse. The CCA is set to launch an awareness training package in partnership with the NPA, RPSGB and AIMp. **MG**

Pharmacy groups lobby Brown

How do you do? Gordon Brown could be visiting pharmacies as he attempts to get to grips with the NHS

Roy Kilcullen/PA Wire

The leading forces in the UK pharmacy sector are preparing to tackle Gordon Brown on his plans for the profession.

The NPA, in collaboration with the CCA, PSNC and the RPSGB, is co-ordinating a formal invite for the chancellor to visit a pharmacy as part of his consultation on healthcare prior to taking up the position of Prime Minister.

The invite follows Mr Brown's comments last week (C+D, May 19, p6), in which he hinted that pharmacy could play a wider role in primary care.

Howard Stoate, chairman of the All-Party Pharmacy Group, said Mr Brown's comments were well timed given the group's Future of Pharmacy report. He added that the APPG would deliver a number of "positive recommendations" to Mr Brown, health ministers and the profession.

"We're encouraged by Gordon Brown's comments about pharmacy and we want to see them translated into action as quickly as possible," said Dr Stoate. **TH**

What pharmacy issue would you lobby Gordon Brown on?

"I would like to see more funding going into the NHS and an allowance for pharmacies to employ more pharmacists to share the workload. With all of the enhanced services that are now available there is a serious time constraint."
Abi Ayoola, pharmacist, Clockwork Pharmacy, London

"I would ask Gordon Brown to increase the amount of support pharmacies receive. While we are trying to come to terms with the new contract in Scotland our prescriptions numbers are on the increase and as I am working a 60-hour week at present, I believe that without support from the NHS and government it will become unbearable."
John Carracher, proprietor, Five Mile Pharmacy

"I would like to see Mr Brown increase funding for enhanced services. They are an integral service that we must provide to our customers but, without funding, the effort that has gone into creating these services will go to waste."
Graham Gilmore, West View Pharmacy, Hartlepool

"Pharmaceutical waste is a problem that I think Gordon Brown should be tackling in his pledge to enhance the NHS and its services."
Michelle Zibamanzar-Mofrad, pharmacy manager, Alliance Pharmacy, Brighton

"Not only do we not get paid for CPD, we could incur extra cost if it's a course during the day. They're expecting us to do the things we could do but we're not remunerated for it."
Nasim Patel, Peel Green Pharmacy, Manchester

News in brief

Stoma prices held

Plans to change the provision of stoma and incontinence appliances in July have been put on hold after the Department of Health revealed that it needs more time to analyse the "volume and complexity" of responses to the proposals. It anticipates the review will be completed by the end of the year.

Yes to merger

The Co-operative Group and United Co-op will merge this July, creating a pharmacy chain of more than 620 branches. John Nuttall, currently general manager for healthcare at United Co-op, will head the group's healthcare division.

Co-op is keen to be green

The Co-op has switched its own-brand household facial tissues, toilet rolls and kitchen towels to material sourced from responsibly managed forests and recycling facilities. All products will include the Forestry Stewardship Council logo.

NHS trusts carbon pledge

Sixteen NHS trusts across England, Wales and Scotland have joined the Carbon Trust's NHS carbon management programme to reduce their combined annual energy bill by £8 million a year.

NCSO update

The Department of Health and the National Assembly for Wales have agreed to allow NCSO endorsements for the following item for May 2007 prescriptions: bisacodyl 5mg e/c tablets.

Brown gets makeover

Superdrug has delivered a top No10 beauty hamper to Gordon Brown containing items he will need in the country's top job from hair colorant to breath freshener.

DH seeks a leader

The government is seeking a figure to head its Pharmacy Regulation and Leadership Oversight Group. The steering group's chief will be charged with setting up a general pharmaceutical council and royal college in line with last week's Carter report.

MPs urge pharmacy to get political. See page 6 ›

C+D champion on TV

One of C+D's pharmacist champions has hit TV screens. Karen Acott (C+D April 7 p30) appeared on BBC South East in her role as an independent pharmacy prescriber.

'Bodcasts' arrive at Boots

Boots has launched a £2 million campaign to raise awareness of the 15,000 healthcare experts available in store. The initiative includes a series of health podcasts – bodcasts – which can be downloaded from the iTunes and Boots websites.

Epilepsy goes on record

Pharmacies in Yorkshire are providing epilepsy sufferers with diaries. The records will help healthcare workers improve management of the condition, claims the charity Epilepsy Action. www.takecontroluk.org

NPA going cold

The NPA has produced SOPs on the storage of medicines at low temperatures for both England and Wales, and separately for Scotland. www.npa.co.uk/members

Three more for Nucare

Nucare has bought three pharmacies in Islington, Kentish Town and Manor House in London from Rentons (Chemist), taking the chain's tally to 30 pharmacies. www.nucare.co.uk

NI LCGs need pharmacists

Numark is encouraging members in Northern Ireland to fill the pharmacist vacancies on the East and West local commissioning groups to speak up for independent pharmacies in the province.

DH praise for Hillingdon

Hillingdon pharmacies have been praised for tackling diabetes in a DH report on treating the condition. www.dh.gov.uk

Protein healing for ulcers

Compression bandages containing the protein amelogenin may be more effective than conventional compression bandages in the treatment of hard-to-heal venous leg ulcers, a study has revealed.

New name for SPGC

MPs call on pharmacists to get politically active

MP berates pharmacists for lack of involvement in lobbying

Gavin Atkin

"You are terrible at lobbying," Labour MP for Livingston Jim Devine told pharmacists at an RPSGB Chiltern Region conference at Westminster on Monday.

He said: "You're the worst group I know. I've never had a pharmacist come to a meeting and I've never had one write a letter, though I've had them from nurses and junior doctors."

The RPSGB's Chiltern branch called the conference to address the issue of whether the pharmacy profession could better influence the political agenda at national or local level.

Invited speakers including Chiltern Region chairman Zafar Khan, Liberal Democrat health spokesman and MP for North Norfolk Norman Lamb, and RPSGB Council member Graham Phillips. The speakers claimed pharmacists needed to make their point at local constituency level as well as at national level through the Society.

Mr Phillips revealed that the Society is developing a lobbying toolkit for pharmacists seeking to influence their local MPs and councillors.

The aim should be a politically active pharmacist in each constituency, he said, citing Mr Khan as an example of how effective pharmacists could be if they were prepared to 'do' politics.

How should pharmacists go about making their case to their MP? Surgeries are very important, said Mr Devine, adding that letters were also useful. Pharmacists should be aware that MPs often receive so little mail that when an MP says he has a large mailbag on a topic, it frequently means he has received as few as five. **gatkin@cmpmedica.com**

Jim Devine: you should meet your MP or write him a letter

Cholesterol testing for all, says Tory MP

Andrew Lansley: all pharmacies should be urged to offer cholesterol testing

Conservative health spokesman Andrew Lansley has called on all pharmacies to offer cholesterol testing.

Mr Lansley said although some pharmacies already carried out the service they should all be urged to do so. He backed the remarks by Gordon Brown in favour of expanding the role of community pharmacies.

A spokesman for Mr Lansley said: "[illegible] should. We would like to see pharmacies doing more and have been calling for this long before it was discovered by Gordon Brown."

Mr Lansley's officials at Westminster said the case for cholesterol testing was strengthened by written answers to his questions which showed the number of patients aged 18 and over being treated for high cholesterol has increased more than six times since 1997, while for those under 18 it has increased more than four times. **CB**

MURs in the government spotlight

PSNC has backed a National Audi Office report calling for closer monitoring of medicines use reviews.

Alastair Buxton, PSNC head of services, said: "A period of appraisal is normal for new services. But what the report does do is draw ministers' attention to the speed of uptake of these services – and, for pharmacists, the importance of progressing them."

The National Audit Office report urged the Department of Health to keep an eye on the effectiveness of MURs and repeat dispensing once electronic prescribing is in place.

The report, Prescribing Costs in Primary Care, noted uptake of the services has been low since their introduction in 2005 and that many PCTs remain to be convinced of the value of MURs.

It concludes: "Further action is needed to support and embed the service." **AC**

Are you on top of the MUR? Is it an effective patient service? Email mgosney@cmpmedica.com

new

Keep your **PHARMACY BUSINESS** fighting fit

- The friendly bacteria/biotics market is currently worth £278m and is growing by 22% per annum[1]
- Sales and growth are currently confined to the grocery sector
- Bimuno® brings an easy-to-use prebiotic health supplement into the pharmacy sector, opening up new opportunities
- Bimuno® 'feeds' and promotes the growth of beneficial bacteria in the colon, especially bifidobacteria that boost and regulate the immune system[2,3]
- Bimuno® is supported by consumer advertising, PR, healthcare professional recommendation initiatives, consumer information leaflets and first class pharmacy display materials

Let Bimuno® boost your business

Call your Pharma Consumer Care Representative now on 01202 780558

Ordering information: Bimuno® Stick Pack (30 sticks of 5.5g each) PIP Code 325-4505

www.bimuno.com

REFERENCES: 1. ACNielsen, March 2006. 2. Saier MH Jr & Mansour NM. J Mol Microbiol Biotechnol 2005; 10(1): 22-25. (Abs). 3. Gee JM, Tzortzis G, Depeint F, Falks RM, l'Anson K, Gibson GR, Johnson IT. Data on file

News in brief

Audit slammed

The Family Planning Association has slammed a DH audit of contraceptive services which reveals that contraception is an "ailing, fragmented and chronically underfunded service" www fpa.org.uk

Busy in NI

Northern Ireland's 515 pharmacies dispensed 28.4 million prescription items in 2005-06 at an average cost of £13.75 per item, the Central Services Agency has revealed. The gross cost per person for prescription drugs was £218, statistics revealed.

NPA backs fee

The NPA supports DH plans to charge application fees for providing pharmacy services, but would like them refunded if the application is successful. www.npa.co.uk

Bleed rate research

Rates of haemorrhage seen in older patients may be greater than the number of bleeds predicted by studies carried out in younger patients, US researchers have suggested. Higher than expected bleeds may contribute to warfarin's under-utilisation, they added. http://tinyurl.com/Zo9c5e

President in Denmark

RPSGB president Hemant Patel will be speaking at a meeting of representatives from the European pharmacists' organisations in Copenhagen, Denmark, this week. www.pharmadanmark.dk

How to survive hayfever

Day Lewis has produced a hayfever survival guide for its customers. It contains information on hayfever, including symptoms, self-help tips and OTC treatments. www daylewisplc com

Rosiglitazone risk

[illegible] rosiglitazone [illegible] with [illegible] dial [illegible]

Government must pay for GPC, says RPSGB

RPSGB should not have to shoulder costs, president tells government

Gary Paragpuri

The government has been warned by the profession that it will have to shoulder the costs of setting up the new regulatory body for pharmacists.

Hemant Patel, president of the Royal Pharmaceutical Society, said Lambeth had "made it clear that [it] expected the government to bear the costs" of setting up the proposed General Pharmaceutical Council (GPC).

But he admitted at the Society's pre-AGM debate last week that "there had been no promises to date" from the government over finance.

As well as the GPC set-up costs, the debate at the Society's Lambeth headquarters raised questions about who would be eligible for membership of the proposed royal college.

Former RPSGB president John Balmford called for pharmacy technicians to be excluded from the new college. "I believe this body must be for pharmacy graduates," he said.

Meanwhile Linda Stone, another past RPSGB president, called on the decision makers "to stand back and reflect on what this profession needs for the future".

She called for them to take a "prospective view and not be hidebound by our own little boxes".

Mr Patel said it was important to "recognise the diversity" within the profession. "Working together we have a lot to achieve, divided we have a lot to lose," he said.

Going forward, the RPSGB will provide members with further information through roadshows and websites, Mr Patel said.

gparagpuri@cmpmedica.com

Gold standard: Professor John Cromarty receives the 2007 Charter gold medal from RPSGB president Hemant Patel at the organisation's AGM last week. Mr Patel praised the Inverness based pharmacist as "an influential leader in clinical pharmacy, and in education and training". Professor Cromarty is pharmacy director at NHS Highland

Who should foot the regulatory bill?
mgosney@cmpmedica.com

Control rules to change this year

The Department of Health has indicated that new rules relating to personal control in pharmacy should be in place before the end of the year.

In its 2007 annual report, the DH reports that ministers are currently consulting with all interested parties on the changes, which were set out in the Health Act 2006.

The rules allow for a pharmacist to be responsible for a pharmacy while absent from the premises.

According to the DH, the changes enable pharmacists and pharmacy owners to make better and more [illegible] use of pharmacy staff

[illegible] there has been little [illegible] from the [illegible] consultation [illegible] PSNC sa[illegible] no reason to [illegible] that the [illegible] be amended as per the Health Act. Alastair Buxton, PSNC head of NHS services, said: "While we are not averse to change, our unique selling point is our access. We would want to ensure that change does not damage that."

The DH Report 2007 also reveals that the long-awaited Galbraith review into control of entry regulations is still under consideration.

The report was originally scheduled for publication in April this year. **AC**

Is it time to refocus the primary care debate? See page 10

Branch motions are rejected

Two motions from the Brighton & District Branch failed to carry at the annual RPSGB branch representatives meeting last week.

Tony Pugh of the Brighton & District Branch proposed that "all medicines containing the same amount of the same active ingredient should have identical or extremely similar organoleptic properties by 2012". Allan Asher, East Metropolitan Branch, said this was part of a bigger problem as different countries supply the same drugs but in different colours, shapes, sizes and names.

Martin England proposed that when an emergency supply is made, details should be sent to the GP. Dr Sue Symonds, Nottingham Branch, said this should only happen where there is an issue of patient safety. **C**

actavis
creating value in pharmaceuticals

A LOYALTY SCHEME WITHOUT THE TIRESOME NEED FOR LOYALTY

Shouldn't you feel like a valued customer, no matter what you spend on generics?

Welcome to Accumulator, a discount scheme that starts from the very first pound you spend and builds with steps of only £250. The top rate is 25% for orders of £2500 a month, but whatever you spend, it's easy to take advantage – there's no tedious paperwork, just money in the bank. That's how to buy generics.

accumulator

HOW TO BUY GENERICS

To find out more about Accumulator call us on 0800 731 0370 or email accumulator@actavis.co.uk

Is it time to refocus the primary care debate?

Georgina Craig wonders if focusing on individual providers is helpful or just a sideshow to the challenge

General practice, along with the rest of primary care is currently undergoing a paradigm shift. Its monopoly over primary care services, held since 1948, ended with the introduction of the new general medical services (GMS) contract in April 2004. The surrender of 24-hour responsibility and the introduction of APMS (alternative provider medical services) change fundamentally the future development of general practice. GPs can no longer legitimately lay claim to sole ownership of patients' care. When the surgery closes, someone else is responsible and so, for better or worse, patients' needs are now met by a range of primary care providers.

A Westminster Health Forum meeting looked at the changing face of general practice. David Colin Thomé, the DH's national clinical director of primary care, noted that access to the UK GP service is among the most iniquitous in the NHS, with the richest areas enjoying twice as many GPs per capita than the poorest. The conclusion we must draw is that the current primary care market is failing patients.

Government recognises that drastic action is needed to bridge the gap. Set against a general philosophy that freeing up the market for public services and encouraging private provision is a good thing, policies to create plurality in primary care are no surprise.

New primary care entrants such as Care UK are focusing on under-doctored areas today and there is no doubt that they, like other providers, will welcome incentives to do this. Because provision of services in those areas is, quite simply, harder work. But if the private sector succeeds there, then it will succeed anywhere. And that is undoubtedly what is at the back of GPs' minds.

The bottom line – according to Joyce Robins, the refreshingly forthright co-founder of Patient Concern – is that the public "doesn't give a damn" who provides the GP service as long as there is a service that delivers what they need.

So it seems that the debate about privatisation is a red herring, especially given that general practice has been privatised from the start – something that the incoming Prime Minister Gordon Brown has clearly recognised (C+D, May 19, p6). Independent contractor status is exactly what it says on the tin; GPs are private providers. That is nothing to be ashamed of, and is certainly not at odds with a strong NHS ethos.

So it seems that provider business models are just a distraction from the real challenge. Good commissioning could sort out access problems, but what does good commissioning look like?

- **It recognises that the determinants of health are complex**. And if patients are the NHS's secret weapon for full engagement, the new healthcare revolution might need to happen in places where GPs are not and should never be.
- **It is patient focused**. Older people are a key customer group for the NHS, accounting for 42 per cent of bed days.
- **It invests in great management information systems**.
- **It shapes the market**. Commissioners who want to achieve value for money will need a range of providers to work with, so they facilitate market entry to create competition; design sustainable contracts that recognise the need for return on investment; and unpack the hidden subsidies in current funding arrangements so that all providers operate on a level playing field.
- **It is devoid of vested interest**. Recent guidance issued to London GPs by their LMCs stated: "....as key NHS providers already in contracts with our PCTs, [we] have compelling commercial reasons to ensure that PBC is made to work for us." The paradox is self-evident and it lies at the heart of current commissioning policy. It must be addressed.
- **It encourages collaboration**. Good quality care relies on seamless team working across complex organisational boundaries. While everyone in the NHS agrees on the need for collaboration, there is a distinct lack of a shared corporate vision and a common currency to bring people together. This is made worse by tribalism between professions and contestability, both of which run counter to a collaborative approach.

General practitioners' unique skill set in differential diagnosis and the management of multiple pathologies mean that they will always be central to the delivery of primary care, but they cannot meet the new health challenges, nor carry the burden of commissioning alone. So perhaps the time has come to refocus the debate, away from the role of individual providers and on to the creation of a whole systems approach that recognises the complexity of the processes at the heart of health improvement. That is what the new agenda needs to be about if it is going to make a real difference to patients' lives.

Georgina Craig
Lead for primary care and commissioning policy
Company Chemists' Association.
References available at www.dotpharmacy.com

> "GPs can no longer legitimately lay claim to sole ownership of patients' care"

inspired

TEVA 360° - A success story

TEVA's achievements since the launch of the new livery in late 2005 have exceeded expectations...

The TEVA 360 programme has been recognised in 3 industry awards programmes and market research tells us that you have rated TEVA as your No.1 choice* – now that's inspired!

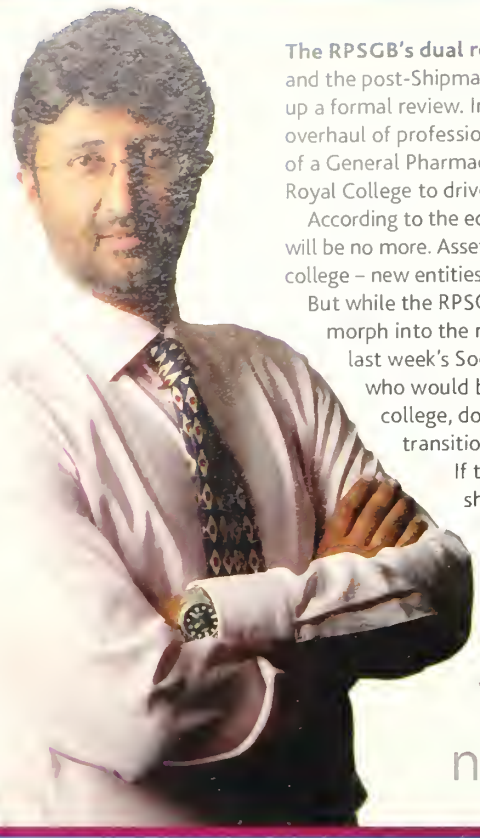
At TEVA we work hard to set the benchmark in all aspects of the Generic Pharmaceutical industry, providing our customers with the highest quality product, distinctly and safely packaged, delivered through robust distribution networks.

TEVA® 360°

GLOBAL AWARDS PM benchmarks the best in brand communication

*(Based on 8,821 respondants in Independant research November 2006)

Comment from the editor



The RPSGB's dual role has always been an anomaly and the post-Shipman fallout has merely served to speed up a formal review. In a nutshell, the government's overhaul of professional regulation will lead to the set up of a General Pharmaceutical Council to regulate and a Royal College to drive excellence in pharmacy.

According to the edict from above, the RPSGB (and PSNI) will be no more. Assets will be subsumed into the new college – new entities built on the foundations of the old.

But while the RPSGB has indicated its willingness to morph into the new college, the strength of debate at last week's Society annual general meeting over who would be eligible for membership of the college, does not bode well for a smooth transition.

If the RPSGB is to fund the college, should it be a pharmacist-only enterprise or is there more to be gained from a college that speaks for all the pharmacy team (the government's preferred option)?

But the undercurrent to the AGM debate was about money. The Society's not inconsiderable assets have been built up by pharmacists and the suggestion is that if they transfer to the new college, then full membership should be restricted to pharmacists.

If we believe the government when it says it has great plans for developing pharmacy (and why not when it has developed pharmacist prescribing), then a royal college for pharmacy is the clear winner. And if pharmacists are to become the clinicians of the high street, they will not be able to deliver this without a supporting team.

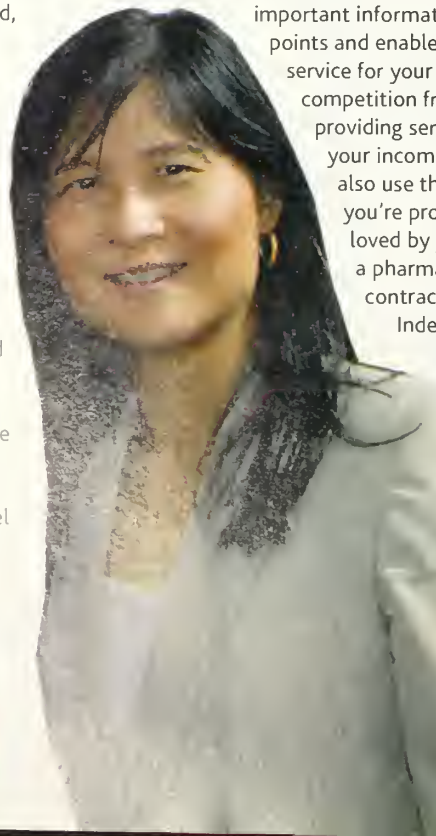
With Lord Carter's report calling for the RPSGB to get members' support for a college in the coming year, another Charter-esque dispute is on the cards. Looking forward, a Royal College would be a fantastic opportunity to put pharmacy on the map. But will you miss the RPSGB if it no longer exists? Make sure you have your say.

> "The strength of debate over who would be eligible for membership does not bode well for a smooth transition"

Your views

Eight out of 10 customers prefer....

Patient satisfaction surveys could be the key to unlocking business potential, says Mimi Lau



Speaking to a few pharmacists over the last couple of weeks, I've heard a few moans about the new, long-awaited, community pharmacy patient questionnaire.

"It's another thing to do on top of everything else." "Where will I find the time?" and so on. Independents always feel the pressure of additional bureaucracy and reporting requirements much more than the large multiples and it sometimes feels unfair.

The printing and issuing of surveys, collation of results and analysis all require a time investment that a small business simply does not have. Not to mention providing a report to the PCT on the results and action planning on any issues

But hold on a minute – we agreed to this when we voted for the contract and have actually 'got away' with not doing it for the last two years. Independents should look upon it as an opportunity, not as an added burden, with the threat looming of the PCT closing down your pharmacy ... actually a great insight into what your customers really think of you (warts and all) and areas where they feel you're not providing what they need

> "A great insight into what your customers really think of you"

If it is, you can give yourself a big pat on the back. But if not, there is important information to be gleaned that can be turned into action points and enable you to be better at your job and provide a better service for your customers. This is fundamental in the face of competition from the big multiples, supermarkets etc. Plus, by providing services that are needed, you should be able to increase your income as there will be greater demand for them. You can also use the survey findings to demonstrate to the PCT that you're providing a wonderful community service. If you are loved by your customers, providing everything they need from a pharmacy and more, why should they grant that 100-hour contract in your neighbourhood?

Independents can also use this piece of research to promote themselves in the community. You know the sort of thing, all local newspapers love surveys: nine out of 10 customers prefer John Smith's Pharmacy (as in 'eight out of 10 cats prefer Whiskas'). You can actively show how you use your customers' feedback to support the changes you make – more positive stories. And it all counts as CPD.

Although pharmacies theoretically have a year to undertake this exercise, my advice is to do it as soon as possible. Make it happen and think positively – you know it makes financial and professional business sense.

Mimi Lau is director of professional services at Numark

Xrayser

Here's a good idea

Prescribing is definitely improving generally, but last week's Audit Office report highlights how much can still be done.

Pharmacists were portrayed in the report, quite accurately, as passive participants in the whole process – fully aware of what is happening but powerless to do much about it. GPs, intent on retaining as much power as possible in prescribing, must therefore also be responsible for their actions. But the pharmaceutical industry is still portrayed as a very bad influence on their decisions.

I suggest that by giving pharmacists a little power, and a (relatively) tiny amount of money we could easily make significant inroads into this £200 million annual wastage. Most of this projected saving is to be made from just four groups of drugs using simple steps that could easily be carried out by pharmacists.

The report suggests that most patients who need a statin should receive simvastatin. I suggest that prescriptions for any other statin that must not be changed can be easily marked as such, and pharmacists can change all other prescriptions where appropriate to simvastatin. A straightforward checklist could screen out those unsuitable for a change. The GP would be notified of the change, rather than sent a large form that he could ignore, records would be kept at the pharmacy and all the power and responsibility shifts from the GP to the pharmacist.

Surely this is the sort of advanced service we need. There would be no need for patients to volunteer, GPs would not be given any extra work, and the results would be easily demonstrable and quantifiable. An appropriate fee would help even out any changes to purchase profit. This sort of work is currently done piecemeal at local level, involving much greater expense and effort.

Similarly, screened patients could all be switched to the cheapest PPI and ACE inhibitor. And the majority of those taking clopidogrel for more than 12 months could be switched to aspirin. These are not clinically significant changes, so pharmacists should feel empowered without taking any important clinical decision-making away from GPs. Patients would probably need to register with a pharmacy but this would also ensure effective monitoring.

In future, any Nice decisions that involved straightforward switches could be quickly and uniformly implemented at pharmacies. Our purchase profits should remain protected via the contract but NHS cost savings would be measurable and clearly attributable to pharmacists. The Department of Health could see that pharmacists were making a real difference to the balance books. At last!

Marketing muses

Marketing is such a powerful tool that the products themselves can pale into insignificance.

Novelty sells, and the news that the MD of Ovelle is posing naked to promote her new skin cream (C+D, May 19, p30) will have ad executives everywhere kicking themselves that they didn't think of it first. I can't wait to see what copycat promotional ideas follow that one.

And who better to associate with your foot cream than the English National Ballet? If Neutrogena foot cream (C+D, May 19, p30) works for them it should work for anyone, and if it improves your dancing too, even better.

Marketing men's minds must have boggled at who might be used to promote their new Zestra feminine arousal oil (C+D, May 19, p32). It would be a brave managing director indeed who considered stepping in there.

Black Bag

I will say this only once

'Allo 'Allo! might not have been the best example of British television but an awful lot of our patients watched it. Some doctors also laughed in all the right places.

Breach of confidentially attracts all kinds of opinion. "If you have nothing to fear then what are you worried about?" "The walls," however, according to second world war propaganda, "have ears" and "careless talk costs lives". Like Goodnight Sweetheart we have been transported back to conflict on a supposed common enemy; pity the enemy has been mistaken for the greatest killer, public ill health.

Terrorism has killed a tiny fraction of our population compared to the mass murderers of tobacco, obesity and suicide. We are better at killing ourselves than any suicide bomber could ever be. Crucial to consultation with health professionals is the knowledge and

> "We are better at killing ourselves than any suicide bomber"

belief that they are "on your side" and that what you have said is "confidential". Yet anyone logging on to the government site listing junior doctor applications could see details including the applicants' sexuality and criminal convictions for offences such as speeding.

This sophisticated IT computer system (MTAS) of hospital post allocation crashed, leaving many expensively trained doctors with no option but to seek non medical work or emigrate to sunnier climes. It reminded me of Italian doctors forced to work as taxi drivers in the 1990s, bringing a whole new dimension to asking your doctor for a pick me up. If the government can't get it right over a relatively small number of doctors applying for jobs, how can it possibly guarantee a national system of identity cards based on the now dubious requirement to maintain confidential monitoring?

I have said this more than once.

Dr Ian Banks is a GP practising in Northern Ireland

Three easy steps

Cut Carbon Challenge

Gavin Atkin assesses progress by the big pharmaceutical players in meeting their environmental obligations

Ever aware of how the public perceives their businesses, pharmaceutical manufacturers are going to great lengths to explain how they are helping to save the planet from environmental disaster.

First step: CFCs

Progress in reducing the use of CFC propellants in inhalers for medicinal use over the past decade or so is being trumpeted by the websites of several of the large manufacturers of inhaled treatments, including GlaxoSmithKline, AstraZeneca and Boehringer Ingelheim.

AstraZeneca's 2006 Global Warming report reveals that a little over a quarter of its operation's contribution to global warming arose in that year from patient use of medicinal products releasing propellants into the atmosphere.

The withdrawal of CFCs is a large and important step, partly because of these compounds' ability to deplete the ozone layer. Combined with the withdrawal of CFCs used in cooling and refrigeration equipment, it is hoped the move will allow the ozone layer to recover, although this can't be expected for several generations due to continued CFC use in countries where the compounds are not banned.

Besides damaging the ozone layer, CFCs are also significant greenhouse gases. Kilo for kilo, scientists believe CFCs have a global warming potential of between 6,000 and 9,800 times that of carbon dioxide over the standard period of 100 years.

CFC-powered inhalers are still in use but many will be withdrawn this year and replaced by inhalers containing hydrofluoroalkanes, which break down more rapidly in the atmosphere and are said to exhibit about 10 per cent of the ozone-depleting effects of CFC. Replacing CFCs with less damaging compounds may represent the biggest single contribution the pharma industry has made to saving the planet. But smaller initiatives are being pursued in manufacturing, packaging, building services, transport and recycling.

Second step: packaging

The Department of Environment, Food and Rural Affairs' (DEFRA) regulations, which set targets for overall packaging production levels and recycling [illegible] generally still apply and the pharmaceutical industry is working to comply. [illegible] these regulations are bringing [illegible] packaging [illegible] from the [illegible]

focused industry minds on improving energy efficiency and costs related to the regulations, and the many individually small changes will likely contribute to saving us and our children.

Perhaps the foremost example of a company making every effort to publicise its good citizenship is Boots, which has created a separate website devoted to its efforts to be socially responsible. The company is particularly proud of an initiative that cuts waste from the packaging used in its monitored dosage service.

By using custom-made packaging, Boots has reduced its plastic waste total by more than 40 tonnes. Such packaging is perhaps a special case, though, as there are strict limits to the changes pharmaceutical manufacturers are able to implement, as ABPI spokesman Mike Murray told C+D. "The will is there to reduce packaging from both the environmental and cost viewpoints, but the regulations in this area very much limit what can be done," he says. For example, to save plastic materials it might make sense to reduce the distance between blisters in a blisterpack, but in practice there is a limit to how closely they can be packed as this can lead to problems with reduced child resistance. Changing packaging materials can also be expensive and difficult because stability assessments are carried out on particular packaging and will have to be repeated if there is to be a change to include recycled materials.

The inclusion of Braille is another requirement that stops manufacturers from reducing packaging, reveals Mr Murray. "Braille is required on cartons now, and this also takes up space because it can't be allowed to impact on the ability of sighted people to read the information on packages."

DEFRA recycling targets

	2007	2008	2009	2010
Paper %	67	67.5	68	68.5
Glass %	69.5	73.5	74	74.5
Aluminium %	31	32.5	33	33.5
Plastic %	24	24.5	25	25.5
Overall %	67	68	69	70
Minimum recycling %	92	92	92	92

Third step: waste

An aspect of pharmaceutical products that may well yield some major changes in the coming years is the issue of pharmaceutical active ingredients escaping into the environment.

Pharmaceutical companies are aware this could be a problem in future, but they see strict limits to what they can hope to contribute. "There are lots of reports of pharmaceutical compounds being found in the environment, but they are in very small quantities, and there is so far no evidence that they have caused human health problems, or have affected flora and fauna," says Mr Murray.

When patients use drug treatments it is unavoidable that the active ingredients or their metabolytes should in many cases be excreted and escape into the environment. However, there is one practical way to prevent this: discourage patients from throwing unused pharmaceutical products away with the household rubbish. For some years most PILs have advised that unused pharmaceutical products should be returned to the pharmacy to be disposed of; however, many patients are unaware of this.

Speaking for the industry, Mr Murray would agree that a key change for the future will be stronger messages to patients from the pharmaceutical manufacturers about the importance of returning unused medicines.

Telling customers to dispose of medicines responsibly is perhaps pharmacy's best opportunity to make the environment safe and clean. ▶

Pfizer distribution performance update

May 2007

It has been twelve weeks since the launch of the new distribution arrangement so we want to share the latest facts with our dispensing customers.

The facts speak for themselves...

- ***95%*** *of dispensing customers in the UK have placed orders for Pfizer medicines and received deliveries from Pfizer via UniChem*
- ***99.5%*** *of all order lines have been delivered on time and in full*
- *In total, over* ***6.5 million*** *packs of Pfizer prescription medicines have been delivered*

We have recently updated the feedback form within the 'Share your views' section of our website to continue to capture your comments **(www.pfizerdtp.co.uk)**. Any feedback received will help us to improve our service to you.

Contact us

Listed below are reasons you may wish to contact us together with a guide to the best route for your query.

Pfizer customer contact centre

For the following...

- *Product technical queries (pack size / PIP code)*
- *Discount / invoice enquiries*
- *Product availability / pricing*
- *General service issues*
- *Emergency orders*

Call 0845 608 8866

If you have a medical information query or want to report an adverse event for any Pfizer medicine:

Call 01304 616161

To find out more and share your views via our website:

www.pfizerdtp.co.uk

UniChem distribution centres

For the following...

- *Individual order queries*
- *Delivery times / order cut-off times*
- *Order placement*
- *Stock checks*
- *Returns*

Call your local branch

If you have a query concerning electronic ordering or changes to your IT ordering methods, please contact UniChem customer IT:

Call 0800 032 2454

If you would like to set up an account or make changes to your existing account details, please contact the UniChem account activation helpline:

Call 0800 389 3455

Lesley Ribbens looks at the green revolution from the cradle to the grave, literally. With the buzzwords "carbon footprint" in mind, how are shoppers changing their habits, or indeed are they doing so at all?

Read the full article online at **www.dotpharmacy.com/cutcarbonchallenge**

What are the OTC manufacturers doing?

Reckitt Benckiser produces an annual sustainability report on its website. The company does not publish a full hard copy, just an excerpt on elemental chlorine-free pulps from sustainable managed forests. The company has taken steps to reduce the environmental impact of its products in a number of ways. An initiative called Trees for Change was set up in 2005 to make the more than eight billion products it will produce in 2006-07 carbon neutral in terms of their manufacture. In the supply chain, RB has joined the Roundtable on Sustainable Palm Oil.

GlaxoSmithKline says it is committed to continuously improving its environmental sustainability performance. The Consumer Healthcare business aims to reduce the amount of energy and packaging used, the amount of waste generated, reuse materials and recycle where possible. The business is using recycled materials in its transit packaging and operates a programme of eliminating or reducing all types of waste in its manufacturing sites. Where waste cannot be eliminated, the company takes the most sustainable waste management route. In 2006, GSK recycled 70 per cent of the total waste generated.

GSK is considering upstream and downstream environmental impacts, something already underway for Nutritionals brands such as Ribena, Lucozade and Horlicks. The eco-footprinting work is identifying new priorities .

Procter & Gamble says it will "always be committed to improving the environmental quality of our operations and our products.

"The very nature of producing and using products causes P&G and consumers to use resources and to generate wastes and emissions," says a spokesperson. "P&G is committed to reducing or preventing this whenever possible. P&G's philosophy is grounded in a belief that we should be a leader in our industry in implementing our global environmental programme. To do this, we concentrate on environmental innovation and accountability for results. We believe our accomplishments illustrate this commitment."

Global consumer goods and paper company **SCA** says it is constantly increasing its ambition level with respect to its sustainability initiatives; developing new recycling methods, formulating new guidelines and refining analysis tools and reporting systems. The company has long-term goals to cut water consumption by 15 per cent and organic content of effluent water by 30 per cent between 2005 and 2010; to reduce fossil fuel carbon dioxide emissions and to ensure no materials come from controversial sources. CO_2 emissions relative to production decreased by 7 per cent in 2005 and 4.1 per cent in 2006. Through responsible forest management, SCA claims to have a net increase of standing timber in its 2.6 million hectares of forest land.

Pharmacies in diabetes care model

The government's chief diabetes adviser has used a Department of Health Clinical Case for Change report to call for better partnerships to improve care for people with diabetes.

She added that independent providers should contribute more, and gave an example of the use of high street pharmacies in an integrated model of care in Hillingdon.

Removing boundaries between primary and secondary care, and empowering patients to become more involved in their treatment were the keys to meeting gold standards for care, said Dr Sue Roberts.

Dr Roberts said 5 per cent of the NHS budget was spent on diabetes, and advised that people working in diabetes needed to think radically about new approaches to care to ensure that NHS services now and in the future would be able to cope with increasing demand.

"At the individual level, healthcare professionals must work together with patients to support them in choosing the best approach to care from the many options available." Also, "professionals themselves must work more effectively in multidisciplinary teams" and "different organisations must work together as a coherent whole", she concluded.

Rise in prescribing of newer epilepsy drugs in children prompts warning

There has been a rapid rise in prescribing of newer anti-epileptic drugs in children, even though the safety of these drugs has not yet been established, a study of UK GPs has found.

Researchers from the School of Pharmacy at the University of London said since 1997 the uptake of lamotrigine, topiramate and levetiracetam in children and adolescents had risen quickly, and that further research into the safety of these drugs was a priority.

A total of 7,721 patients were included in the analysis of prescribing between 1997 and 2005, which showed prescriptions for all anti-epileptics had increased by 19 per cent.

But the prevalence of newer anti-epileptic prescribing had increased five-fold, while use of conventional anti-epileptics had fallen by 17 per cent.

Lamotrigine accounted for 65 per cent of newer anti-epileptic prescriptions and was the most prescribed newer drug for both the two to 11 and 12 to 18 year age groups.

The researchers concluded: "Long-term safety surveillance of all newer anti-epileptic drugs is strongly recommended."

For more information:
Br J Clin Pharm 2007; 63: 689-97

A Practical Approach...

"How's your grandad getting on now?" asks Hannah, the senior medicines counter assistant at the Update Pharmacy, of her younger colleague, Claudine.

"Not so good, I'm afraid," says Claudine. "His prostate cancer has spread to his spine and he's on quite strong painkillers now. It's all made him very depressed and the doctor's put him on antidepressants as well. But funnily enough it's something quite small that seems to be upsetting him the most – he's really frustrated because his mouth is dry. It's affecting his speech, he's having trouble chewing and he can't taste his food any more. And if there's one thing that Grandpa loves, or used to, it's Nan's cooking. It's really sad, I just wish there was something we could do about it."

"Maybe there is," Hannah says. "He gets his prescriptions here, doesn't he, so Mr Spencer will probably know quite a lot about him and may be able to suggest something. Go and have a word with him."

After her break, Claudine talks to pharmacist David Spencer. After she has explained the situation, David says: "Well I can't really do anything or tell you anything about his medicines without your grandad's permission. But if you get him to call me and say it's all right, I'll have a look at his medication record to see if his dry mouth might be due to medicines he's taking. And I should also be able to give you a few hints to pass on to him to ease the problem."

Questions

1. Which drugs and groups of drugs can cause dry mouth?
2. Which chronic illnesses are associated with dry mouth?
3. What non-prescription measures are available to relieve dry mouth?

◄—— Answers

CPD

This article can help in the following CPD competencies: G1a, G1c, G1e, G1g, C1a, C1c. See www.tinyurl.com/194zu

A Practical Approach... this week's answers

1a) Drugs with antimuscarinic effects or side effects, including bronchodilators, antiparkinsonian drugs, some phenothiazines and atypical antipsychotics, mydriatic and cycloplegic eye drops, drugs used to treat urinary incontinence, sedating antihistamines, tricyclic antidepressants.
b) opiates
c) ACE-inhibitors
d) proton-pump inhibitors
e) amlodipine, zopiclone, bupropion.
2. Auto-immune diseases:
a) Sjogren's syndrome, which is seen in about 10 per cent of patients with rheumatoid arthritis, but also occurs independently. It is due to auto-immune destruction of the salivary and lachrymal glands.
b) Myasthenia gravis. The body develops antibodies that interfere with the function of acetylcholine receptors at neuromuscular junctions, resulting in progressive weakness of voluntary muscles. Lack of acetylcholine also produces antimuscarinic effects, including a failure to produce saliva.
c) Systemic lupus erythematosus (SLE), an inflammatory auto-immune connective tissue disease. It occurs mainly in women, and its clinical features include a characteristic red, blotchy rash over the cheeks and bridge of the nose. Dry mouth is a common accompanying symptom.
3a) Simple ways to replace or stimulate saliva production: sucking pineapple slices, sips of cold orange squash or semi-frozen fruit juice, sucking ice cubes, chewing sugar-free gum.
b) Artificial saliva preparations – see British National Formulary (all available OTC).
c) Tablets/pastilles containing malic acid, which is a natural constituent of fruit such as apples, and is a reflex salivary stimulant.

· **The sensory conflict theory**[1] which proposes that motion provoking stimuli are received in the brain from the eyes, vestibular apparatus in the ear and receptors in the skin, muscles and joints that sense movement. These conflict with remembered experience of usual forms of movement, such as walking.
· **The subjective vertical conflict theory** proposes "All situations which provoke motion sickness are characterised by a condition in which the sensed vertical as determined on the basis of integrated information from the eyes, the vestibular system and the non-vestibular proprioceptors is at variance with the expected vertical as predicted on the basis of previous experience."[2]

Whatever the underlying cause, the sensory mismatch is interpreted in the brain as if it was due to toxic substances. This initiates a physiological response similar to a poison, activating a number of autonomic nervous system mechanisms to reject it.

With prolonged or repeated exposure, the body adapts to unfamiliar types of motion, which explains why seasickness tends to subside after a few days at sea. It may also be that people in control of a vehicle or even in the front passenger seat of a car are less likely to suffer motion sickness because they are better able to anticipate unfamiliar movements, such as going round bends.

Vomiting, the main symptom, is a reflex under the control of the vomiting centre in the brain. This receives input from several sources, including the nucleus solitarius in the medulla, which controls orientation and is responsible for detecting the presence of some poisons. It also receives inputs from the vestibular apparatus, the autonomic nervous system and higher brain centres.

Once activated, the vomiting centre transmits stimuli via a cranial nerve to the abdominal musculature, stomach and oesophagus to initiate vomiting.

Other symptoms of motion sickness are produced via the autonomic nervous system, including:
• salivation and reduced stomach emptying via parasympathetic stimulation, and
• increased heart rate, cold sweats and pallor through sympathetic stimulation.

Features

Symptoms: Nausea, vomiting, increased salivation, general malaise, pallor, sweating, yawning, hyperventilation. Gastric motility is also reduced and digestion impaired.
Incidence and predisposing factors:
• more common in women than men, in a ratio of 1.7:1
• susceptibility increases with use of oral contraceptives and in menstruation and pregnancy
• uncommon in children under two years, most common between ages two and 12, reaching a peak at 12 years. Incidence reduces thereafter and after 21 declines significantly with age
• Predisposing factors:
– recent meals, particularly dairy products and foods high in sodium, protein or calories
– aerobic exercise and fitness (for unknown reasons, aerobic capacity is specifically linked to motion sickness-like symptoms)
– anxiety
– tendency to facial flushing
– migraine
– schizophrenia
– gastrointestinal disorders
– unpleasant odours
– spatial disorientation.
Additional advice: There are several things people can do to minimise symptoms. It helps to avoid heavy meals before travelling, and avoid pungent odours, and alcohol. On the road, drive if possible, as drivers very rarely suffer. In cars and buses sit near the front in a bus or coach and keep vehicle windows open. Do not try to read; instead try to look out of the window. Distract children with games such as I-Spy that make them look out. Listen to the radio or talk with other passengers.

At sea, stay on deck and keep eyes fixed on the horizon. When below deck, stay in the centre of the ship and lie down with eyes closed. When flying, try to sit by the wing.

Prophylaxis

First-generation antihistamines and hyoscine are used to prevent motion sickness. They are much less useful if taken as treatment after nausea and vomiting have begun, as they may be vomited up before being absorbed. Even if kept down they will be more slowly absorbed as gastric motility is decreased. It is important to warn about potential sedative effects, particularly if drivers are taking the medicines for sea crossings.

Antihistamines

Antihistamines marketed for travel sickness are cinnarizine, meclozine, promethazine teoclate and promethazine hydrochloride. First-generation H_1-antagonists have, to varying degrees, anti-allergic, antipruritic, antitussive, antimuscarinic, sedative and anti-emetic properties. Some of those with more pronounced anti-emetic activity are used mainly or exclusively for this purpose.

Their effectiveness is thought to be due to not only their antimuscarinic activity, but also to blockade of both histamine H_1- and dopamine D_2-receptors in the brain. Although drugs for prophylaxis of motion sickness are selected primarily for their anti-emetic properties, factors such as duration of action and side effects are also taken into account. All the compounds currently marketed are thought to be of similar efficacy.

Second-generation antihistamines have much lower lipid solubility than first-generation compounds and do not cross the blood–brain barrier to a significant extent, so exert little or no central activity. Tests have shown them to be of no value either as hypnotics or as prophylaxis for motion sickness.
• Cinnarizine is a piperazine derivative, and compounds in this group are generally effective anti-emetics. It causes some drowsiness, but antimuscarinic side effects do not appear to be a problem.
• Meclozine is also a piperazine. It is considered to be among the least sedating compounds in this group, to have low anti-muscarinic activity and to be long-acting.
• Promethazine teoclate and promethazine hydrochloride are phenothiazines. They have marked anti-motion sickness activity, but also marked antimuscarinic properties and

Table 1: Comparison of treatments for motion sickness

Drug	Efficacy	Drowsiness	Antimuscarinic effects	Minimum licensed age (years)	How long before journey to take	How often to take during journey (hours)
Hyoscine hydrobromide	+++	+	+++	Depends on brand, from three to 10	30 minutes	Four
[illegible]	++	++	+	Five	Two hours	Eight
[illegible]	[illegible]	+	+	Two	Previous night or one hour	24
[illegible]	[illegible]	+++	++	Five (tablets) Two (syrup)	Previous night	Six to eight
[illegible]	[illegible]	++	++	Five	Previous night	24

CONSTIPATION

Bowel Health

Your tear-out and keep guide to constipation

- Common constipation myths
- Questions to find out whether your customers may be suffering from constipation
- Treatment options to effectively manage constipation

C+D Wise Guide to CONSTIPATION

CONSTIPATION

Dulcolax Tablets & Suppositories, Perles & Laxoberal Liquid: Active ingredient: Tablets- bisacodyl 5mg, suppositories- bisacodyl 5mg & 10mg. Perles - gelatin capsules containing 2.5mg sodium picosulfate as monohydrate, Liquid - sodium picosulfate 5mg/5ml. Indication: Short term relief of constipation. Dose: Adults and children over 10 years: One to two tablets, one to two 5ml spoonfuls or two to four capsules at night, or one 10mg suppository in the morning. Children under 10 should not take Dulcolax tablets, suppositories, capsules or liquid without medical advice. Children 4-10 years: One tablet, half to one 5ml spoonful, or one to two capsules at night, or one 5mg suppository in the morning. Children under 4 years: Tablets and capsules not recommended. Liquid - 250 micrograms per kilogram body weight or one 5mg suppository under medical supervision only. Contraindications: Intestinal obstruction, ileus, acute surgical abdominal conditions like acute appendicitis, acute inflammatory bowel diseases, hypersensitivity to bisacodyl, sodium picosulfate or other component, and severe dehydration. Suppositories should not be used when anal fissure or ulcerative proctitis with mucosal damage are present. Precautions: Not to be taken on a continuous daily basis for more than five days. Prolonged excessive use may lead to electrolyte imbalance and hypokalaemia, and may precipitate onset of rebound constipation. Diuretics or adreno-corticosteroids may increase the risk of electrolyte imbalance. Antibiotics may reduce laxative action of the liquid or capsules. Do not crush or chew the tablets, milk or antacids should not be taken within an hour before or after the tablets. Dulcolax Tablets/ Suppositories/Perles and Laxoberal Liquid should not be used in pregnancy, especially the first trimester, unless the benefits outweigh any possible risk to the foetus. Not recommended for breast-feeding mothers. Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take the tablets. Side-effects: Tablets/Supp./Liq.: Abdominal discomfort (abdominal pain or cramps), diarrhoea occasionally. Tablets/Supp.: Very rarely allergic reactions including isolated cases of angio-oedema and anaphylactoid reactions. Supp. only: Local irritation. Perles: Common: Abdominal discomfort, abdominal pain, abdominal cramps, diarrhoea. Liquid/Perles: Rare: Allergic reactions, including skin reactions and angio-oedema. Product Licence Holder: Boehringer Ingelheim Limited, Ellesfield Avenue, Bracknell, Berkshire, RG12 8YS. Presentations and retail price: 10 tablets £1.25, 20 tablets £2.09 or 40 tablets £3.89 PL 00015/0240 (GSL). 60 tablets £4.69 or 100 tablets £5.69 PL 00015/0241 (P). Suppositories for children 5mg, 5 £1.69 PL 00015/0242 (P). Suppositories 10mg , 10 £2.75, 20 £4.85 PL 00015/0243 (P). Laxoberal liquid 100ml £3.25, 300ml £7.75 PL 00015/0249 (P). Perles 50 capsules £4.59 PL 00015/0254 (P) or 20 capsules £2.99 PL00015/0254 (GSL). For full product information please see summary of product characteristics. Prepared May 2006.

C+D wise guide to CONSTIPATION

GUIDE TO CONSTIPATION

Constipation is a common complaint from customers in the pharmacy. Make sure you are offering wise advice by separating the facts from the myths...

MYTH: Increasing fluid intake will alleviate constipation

Fact: Although this is a widely held belief, there is no evidence to suggest that increasing fluid intake relieves constipation unless the person is severely dehydrated.* Drinking plenty of water is essential for maintaining good health and avoiding dehydration, as a lack of fluids can make bowel movements difficult.

MYTH: A fibre-rich diet is the best way to relieve constipation

Fact: While some customers may be helped by a fibre-rich diet, it can make symptoms worse in people with severe constipation.*
A diet lacking in fibre should not always be assumed to be the cause of constipation.* Make sure that you advise customers to eat a healthy diet with a balance of fibre, proteins, fats, carbohydrates, vitamins and minerals.

MYTH: Physically active people do not get constipated

Fact: Regular exercise is known to have many health boosting benefits and you should always encourage customers to keep active. Whilst bowel functions may correlate to some extent with physical activity, particularly in the elderly, increased physical activity probably doesn't improve bowel function in the young, severely constipated customer.*

MYTH: Laxative use often leads to dependence

Fact: It is a misconception that laxatives induce physical dependence and there is no evidence to suggest that stopping taking them can cause 'rebound' constipation.* As with many medicines, there is, however, the potential that they may be misused. If you suspect a customer may be misusing laxatives you should question whether they are using the product safely and appropriately and if necessary, refuse sale of the product.

MYTH: Laxatives will have an immediate effect

Fact: Whilst some laxatives can provide prompt relief (e.g. Dulcolax® Suppositories), other laxatives (e.g. Dulcolax® Tablets) have a gentle overnight effect, providing predictable relief the following morning. Some laxatives offer flexible dosing (Dulcolax® Perles) to suit different needs.

MYTH: Laxatives increase the risk of colorectal cancer

Fact: There is no supporting evidence that stimulant laxatives are an independent risk factor for colorectal cancer.* As a result, you can put your customers at ease and explain that there is no need to be concerned.

* Müller-Lissner SA, Kamm MA, Scarpignato C, Wald A. Myths and Misconceptions About Chronic Constipation. American Journal of Gastroenterology 2004; www.amjgastro.com

Resources for Pharmacists:
www.bowel-health.co.uk
www.dulcolax.co.uk

Resources for Customers:
www.constipationfacts.info
Healthy Digestion? Leaflet

Brought to you by
Boehringer Ingelheim Consumer Healthcare – experts in bowel health
Boehringer Ingelheim

C+D wise guide to CONSTIPATION

To help you handle enquiries about constipation, a quick reference guide has been developed for you to refer to when dealing with customers.

QUESTIONS TO ASK:

- **Do you have a bowel movement less than three times a week ?** (constipation is usually categorised as being less than three times a week, or considerably less than usual habits)
- **Do you have to strain?**
- **Are your bowel movements hard in consistency and small in size?**

Yes
These are the symptoms of constipation.

No
If none of these apply it is unlikely to be constipation. Establish what the symptoms are and offer appropriate advice.

- **Do you suffer from any intestinal problem?**
- **Are you pregnant, planning to become pregnant, or breastfeeding?**
- **Is it a child under the age of 10 years experiencing the symptoms?**
- **Are any Alarm Symptoms (!) present?**

Yes → **Refer to GP**

No

In need of gentle yet effective overnight relief?

Recommend:
Dulcolax® Tablets (bisacodyl 5mg)
- Stimulant laxative ideal for customers seeking gentle yet effective overnight relief
- The special Dulcolax® Comfort Coating' helps to ensure the tablets work only where needed, in the colon

Prefer a flexible dosing option?

Recommend:
Dulcolax® Perles (sodium picosulfate 2.5mg)
- The unique microcapsule format allows for flexible dosage, so customers can take between two and four capsules according to their needs, making Perles ideal for occasional constipation sufferers
- Provide gentle yet effective overnight relief within six to 12 hours

Require immediate relief? Or have difficulty swallowing tablets?

Recommend:
Dulcolax® Suppositories (bisacodyl available in two strengths: 5mg for children and 10mg for adults)
- Ideal for individuals who may have difficulty swallowing and those looking for immediate relief
- Dulcolax Suppositories are comfort-shaped to help ensure comfortable and gentle insertion
- Provide gentle yet effective constipation relief quickly within 15 to 30 minutes

(!) Alarm Symptoms

(!) Are you over 55? If so, is constipation a new problem?

(!) Is this a continuing problem i.e. has it lasted longer than 12 weeks?

(!) Are you experiencing other symptoms i.e. blood or mucus in your stools?

(!) Are you experiencing persistent pain?

(!) Have you recently lost weight?

sedation is common. Both compounds have been widely used for the treatment of nausea, vomiting and vertigo. The sedative effect of promethazine hydrochloride is sometimes considered to be an advantage in young children on long journeys.

• Cyclizine is also licensed as a P medicine for prevention of motion sickness. However, it is not marketed for OTC sale and is subject to abuse for its euphoric effects. Pharmacists should treat requests for it with caution.

Hyoscine

Hyoscine hydrobromide is a natural alkaloid that competitively inhibits the actions of acetylcholine at the muscarinic receptors of autonomic effector sites innervated by parasympathetic nerves. It has central and peripheral action, as it is lipid-soluble and crosses the blood–brain barrier. It is short acting when used orally and has more pronounced antimuscarinic side effects than antihistamines.

There appears to be little difference in effectiveness between hyoscine and antihistamines, although the small amount of research available slightly favours the former.[3]

Table 1 summarises the relative properties, age restrictions on use, and loading dose and dosing interval timings of antihistamine and hyoscine preparations.

Adverse effects

Antihistamines and hyoscine have similar adverse effects, including sedation, dry mouth, blurred vision, urinary retention and constipation, although these do not normally cause problems at the low doses and over the short periods used. They should be avoided by patients suffering from glaucoma or prostatic hypertrophy, and should in general be used with caution in the elderly and in patients with epilepsy or cardiac or cardiovascular disease.

Paradoxical CNS stimulation may occur with antihistamines in children, resulting in insomnia and excitement and, rarely, nightmares, hallucinations and even convulsions. Photosensitivity reactions have been reported with promethazine. Alcohol should be avoided when taking any preparation for motion sickness. Although no link has been established between antihistamines or hyoscine and congenital malformations, use under medical supervision, and only when absolutely necessary, is advised for travel sickness medicines during pregnancy.

Drug interactions

Antihistamines and hyoscine interact with other drugs that cause sedation or have antimuscarinic effects, including tricyclic antidepressants, monoamine oxidase inhibitors, phenothiazines, hypnotics, nefopam, amantadine and disopyramide. Dry mouth caused by the antimuscarinic effects of antihistamines and hyoscine may reduce the effect of sublingual nitrates.

Other options

Ginger root is marketed in herbal preparations for travel sickness and nausea. Studies suggest that ginger has some anti-emetic properties, but firm proof is only available for pregnancy-related nausea.[4]

Acupressure bands worn on the wrists, applying pressure to a 'nei kuan' point, are marketed for prevention of motion sickness, but clinical trials have been disappointing.[5]

Several homeopathic medicines are indicated for travel sickness, but the appropriate remedy is supposed to be individually selected in relation to personal characteristics and circumstances, which would require expert assessment. A compound remedy, containing several constituents, is available, however.

Further reading:
Gahlinger PM. Motion sickness. How to help your patients avoid travel travail. Postgrad Med. 1999;106:177-84. (Available free online at: www.postgradmed.com/issues/1999/10_01_99/gahlinger.htm

References are available at www.dotpharmacy.com/motionsickness

Alan Nathan BPharm, BA, FRPharmS, is a pharmacy writer and consultant and visiting lecturer at King's College London.

Continuing Professional Development CPD

Act

• Review your stock of motion sickness products. Do you carry a range of all types mentioned in the article? If not, should you?

• Devise a protocol for your medicines counter assistant to use when recommending the most appropriate product to a client. This should take into account adverse effects, suitability for age, pregnancy (if appropriate), medical conditions, sedative effects, length of journey etc.

• If you recommend a motion sickness product to one of your regular customers, record it in your practice workbook. When they return from their trip, try to find out how effective the product was and record this. At the end of the year, analyse your results. Were your recommendations successful? If not, should you revise your drug of choice?

• Try to find out more about the evidence that ginger acts as a motion sickness inhibitor. One site with negative findings is http://tinyurl.com/2cozlf Can you find any positive evidence?

• Think about pregnancy sickness: how does this relate to motion sickness? Are the same drugs used? If not, why not?

Evaluate

Looking at the results of your recommendations recorded above, were you successful? How do you feel about the use of ginger for motion sickness? And what about 'other options' as stated in the article? Do you feel that the OTC traditional motion sickness medicines have value? Do you now know more about the prevention of motion sickness and can you give sound advice?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the June 2 issue, which will cover this week's CPP-accredited module, together with those in the May 5 and May 12 issues.

These will cover:
• Ulcerative colitis (number 1404)
• ADHD (number 1405)
• Motion sickness (number 1406)

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

Chemist + Druggist
in association with
Genus Pharmaceuticals

C+D GENUS PHARMACEUTICALS

In brief

Patients must achieve more than 90 per cent adherence for a year in order to achieve the large benefits of statins seen in trials, say Canadian researchers. Their analysis of more than 20,000 patients aged 50 to 64 years without cardiovascular disease and newly treated with statins between 1998 and 2000 showed that stricter adherence was associated with 19 per cent fewer coronary events. Br J Clin Pharmacol 2007; 63: 698-708

An alcohol-free formulation of the Schering-Plough mometasone furoate nasal spray Nasonex has been launched by the company. Bitter aftertastes and nasal irritation due to scented alcohol and alcoholic preservatives have been identified as a cause of poor adherence in patients using nasal sprays.

Early trials of a weekly vaccine against dust mite allergy have demonstrated effectiveness. Cytos Biotechnology reported that 40 patients with allergic rhinitis were 100 times more resistant to house dust mite after receiving the vaccine, which has also shown effectiveness in asthma. www.cytos.com

UK researchers have reported that caffeine can protect against slowed reaction times and confusion associated with hypoglycaemia. An imaging study of six men given caffeine equivalent to five small cups of coffee showed restoration of reaction times in brain areas affected by hypoglycaemia. Diabetic Med, published online May 17, 2007

Luteinising hormone-releasing hormone agonists are as effective as chemotherapy in pre-menopausal patients with hormone receptor positive low risk breast cancer, an analysis of 16 trials shows. Women whose breast cancer is hormone-sensitive need not risk becoming permanently infertile or suffering the chemotherapy side effects, say researchers. Lancet 2007; 269: 1711-23

Eclampsia evidence is inconclusive

Taking aspirin during pregnancy may decrease the risk of pre-eclampsia, a large meta-analysis has shown. But experts warned the risks of aspirin may only outweigh the benefits in women at high risk of the condition.

Australian and UK researchers carried out a meta-analysis study that included more than 32,000 women and their babies.

They found that the risks of developing pre-eclampsia, of delivering before 34 weeks and of having a pregnancy with a severe adverse outcome were 10 per cent less in women taking aspirin or other antiplatelet drugs.

Around 50 women would have to be treated to prevent one case of pre-eclampsia, they found.

There was no significant effect of taking aspirin in terms of risk of death of the foetus or baby, having a small baby for gestational age, or bleeding events.

Also, no particular subgroup of women was substantially more or less likely to benefit from aspirin than any other.

The authors said the data showed

"moderate but consistent reductions in pre-eclampsia and its consequences" and recommended aspirin use is discussed with women at risk of pre-eclampsia to help them make an informed choice.

In an accompanying editorial, US researchers warned there were certain circumstances where women have high risks of pre-eclampsia and aspirin is justified, but said that in the usual setting it is unclear whether benefits outweigh long-term risks.

For more information:
Lancet, published online, May 17, 2007

Adalimumab success in RA patients

Adalimumab is an effective and well-tolerated treatment in patients with rheumatoid arthritis who have previously been on etanercept and/or infliximab, say Italian researchers.

Although previously a large trial (ReAct) had found the drug to be effective in people who had earlier been treated with traditional disease-modifying anti-rheumatic drugs or biological response modifiers, the latest results show the effect is reproducible in real-life clinical practice.

Of 6,610 patients looked at, 899 had a history of etanercept and/or infliximab therapy. This group experienced substantial clinical benefit from adalimumab treatment.

Around 12 per cent had indications of clinical remission.

There was no statistically significantly increased risk of serious infections in patients who received prior TNF antagonists compared with TNF antagonist–naive patients.

For more information:
Rheumatology, published online May 15, 2007

Skinfood cleans up in the UK

Skinfood, a skincare brand from New Zealand, is now available in the UK.

There are seven products in the range, with launches planned for later this year.

All have a coconut palm base fortified with avocado oil and aloe vera and are free from parabens, sodium lauryl sulphate and other petrochemicals. They are not tested on animals and contain no animal products.

With a subtle bitter sweet orange aroma, the products are designed to be used by all family members. A logo on-pack flags up their unisex suitability.

The UK range comprises Light Moisturiser, Nourishing Moisturiser, Cleans All make-up remover and daily cleanser, Shaving Gel containing witch hazel for mild antiseptic properties, Mud Masque made from Rotorua mud and essential oils to cleanse and purify skin, Exfoliating Scrub and SPF15+ Moisturiser.

Product info:
Keysnaps UK
Tel: 01594 529003
www.keysnaps.co.uk
Price:
£4.99/100ml

Text messaging service introduced by Levonelle

Levonelle manufacturer Schering is exploiting the privacy offered by mobile phones to tell women the location of their nearest stockist.

The marketing campaign for the emergency contraceptive, which began earlier this month, is restricted to the London area and is being promoted via ads in the Metro and London Lite free newspapers. It will run for three months.

Users send a short text code from their mobile which will trigger the mobile 'find my nearest' service to match the location of the sender with a database of pharmacies stocking Levonelle. Addresses of the three nearest pharmacies are sent back by return SMS.

Product info:
Schering Health Care
Tel: 01444 232323

Cymex has a new home

Actavis has acquired all rights to Cymex from EC De Witt with immediate effect. Marketing plans for the cold sore and chapped lips treatment are under development, says Actavis.

Richard Hollies, OTC director, said: "Our first priority is to ensure full continuity of supply and we have already put arrangements in place to achieve this."

Product info:
Actavis UK
Tel: 0800 373573

"I'm on 40 a day,
I'm too old to change"

What do you say next?

How to receive your FREE copy of the Communications Skills 2 Pack

- FREEPHONE 0800 221 441
- Email: customercontact@gsk.com
- Complete and return the tear-off slip

Learning how to uncover a patient's misconceptions about their health is just one of the many issues addressed in Part 2 of the popular **Communication Skills** series – a Medicines Support Service programme introduced by GSK and written by Professor Rob Horne.

Spread over four CDs, this Programme uses true-to-life encounters that show how the application of some basic principles can help improve your communication with patients and GPs.

gsk GlaxoSmithKline

PLUS

® +PLUS device is a registered trademark of the GlaxoSmithKline group of companies.

Further information is available from Customer Contact Centre, GlaxoSmithKline, Stockley Park West, Uxbridge, Middlesex UB11 1BT.

I would like to receive a copy of the Communications Skills 2 Pack

Name _____

Pharmacy address _____

_____

_____

Postcode _____ Signature _____

Return to: GSK Plus Communications Skills 2, Customer Contact Centre, GlaxoSmithKline, Stockley Park West, Uxbridge, Middlesex, UB11 1BT.

Supply of packs is subject to availability. Every effort is made to ensure the complete accuracy of our brochures and advertising; however, some details contained in our advertising, brochures or leaflets may change from time to time. Your Pack should arrive within 7 working days, but please allow up to 21 working days. We reserve the right to vary these conditions and +Plus Medicines Support Services.

RET/ADO/06/28839/1-January 2007

Herbal range has roots in Ireland

Anu Organics is a new range of organic herbal medicines and supplements introduced from Ireland and approved by the Soil Association and the Organic Trust.

The range's unique selling point is that the products contain whole herbs, said to be better absorbed and more effective than extracts.

Ingredients are ethically harvested from sources as close as possible to Ireland. Together with minimum processing, this lessens the products' environmental impact. Braille on pack ensures compliance with forthcoming EU regulations.

Included in the range are Red yeast rice, which contains natural statins said to lower cholesterol and used historically in Japan and China for 'good heart and circulation'; Dandelion leaf for use as a diuretic and detox agent; Echinacea, as an immune stimulant; and Eyebright for allergic rhinitis.

A leaflet is available covering all 21 products in the range. Ánu Organics funds training for pharmacy staff and a training manual is available.

Product info:
Forever Young
Tel: 020 8944 7442
www.anuorganics.ie
Prices: from £11 to £18

Products in brief

Come fly with Bic

Shaver brand Bic has launched a range of travel-sized gels and foams. For women, a 7Sml version of Soleil Lady gel with vitamin E and aloe vera is available while for men there are 7Sml Comfort Gel and 90ml Comfort Sensitive foam products. All can be carried in aeroplane hand luggage.
Price: Lady gel £1.6S; Comfort Gel £1.2S; Foam 95p, Bic, tel: 01895 827100 www.bicworld.com

Defensive strategy for patients

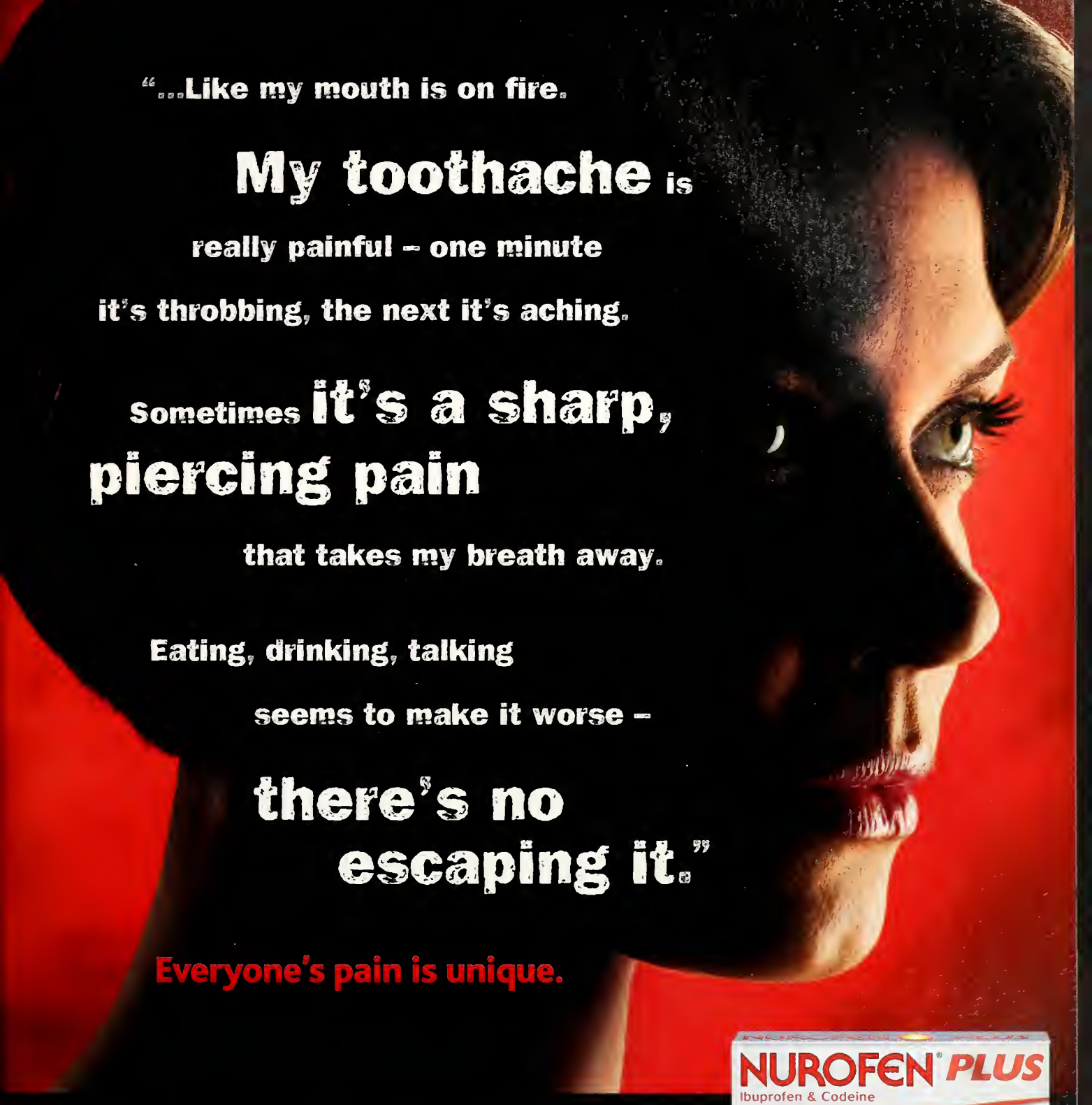
An anti-MRSA patient protection pack has been launched by PatientPak. It includes wipes for hands and surfaces, all-over body wipes, hand sanitiser, disposable toothbrush and paste, breath freshener, lip balm and waste bags.

Product info:
PatientPak
Tel: 084S 130 2442
www.patientpak.com
info@patientpak.com
Price: £21.99

Products advertised on TV next week

Benadryl: All areas
Buscopan: GMTV, C4, Sat
Deep Heat: C4
DulcoEase: C4, five, GMTV, Sat
Frontline: GMTV, Sat, five
Full Marks: GMTV, C4, five, Sat
Haliborange Omega-3: GMTV, Sat
HermoClin: GMTV, Sat
Nivea Light Feeling Lotion: All areas except GMTV
Simple Cleansing Facial Wipes: All areas
TCP Spray Plaster: GMTV, five, Sat
Wartner: G, Y, C, M, LWT, GMTV, Sat
PharmaSite for next week: Bazuka – Windows, **Bazuka** – In-store, **Allergan Refresh** – Dispensary
Pharmacy channel: elave, Complan, Piriton

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



Recommend Nurofen *PLUS* when pain becomes strong pain.

• Powerful dual action pain relief – Ibuprofen & Codeine • No stronger painkiller without prescription

PRODUCT INFORMATION FOR NUROFEN PLUS
Nurofen Plus: Each tablet contains 200mg Ibuprofen Ph Eur and 12.8mg Codeine Phosphate Ph Eur. **Indications:** For the relief of pain in such conditions as rheumatic and muscular pain, backache, neuralgia, migraine, headache, dental pain, dysmenorrhoea, feverishness, symptoms of colds and influenza. **Dosage and Administration:** Adults and Children over 12 years: one or two tablets every four to six hours. Do not take more than 6 tablets in 24 hours. Not for use by children under 12 years of age. **Elderly:** No special dosage modifications are required unless renal or hepatic function is impaired, in which case dosage should be assessed individually. **Contraindications:** Patients with existing, or a history of, peptic ulceration. Hypersensitivity to any of the constituents, aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs). Patients with a history of bronchospasm, rhinitis, urticaria, associated with aspirin or other NSAIDs. Hypersensitivity to codeine, respiratory depression, chronic constipation. **Precautions and Warnings:** Caution is required in patients with renal, cardiac or hepatic impairment. In patients with renal impairment, renal function should be monitored since it may deteriorate following the use of any NSAID. Bronchospasm may be precipitated in patients suffering from, or with a previous history of, bronchial asthma or allergic disease. The elderly are at an increased risk of consequence of adverse reactions. Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration. Nurofen Plus tablets should be used with caution in those with hypotension and/ or hypothyroidism. The tablets should be used with caution in patients with raised intracranial pressure or head injury. **The label will state:** Do not use if you have ever had a stomach ulcer or are allergic to ibuprofen (or any of the ingredients of the product) or aspirin. If you are allergic to or are taking any other painkiller, pregnant, or suffer from asthma speak to your doctor before taking Nurofen Plus. Do not exceed the stated dose. Keep out of the reach of children. If symptoms persist, consult your doctor. **The label will state:** (On outer pack) Do not take every day for long periods of time unless told to do so by your doctor. (On Patient Information Leaflet) Do not take more than the stated dose of this medicine. Regular use for longer periods may result in symptoms such as restlessness and irritability when you stop taking this medicine. If you find you need to use this product all the time, see your doctor straight away. **Side effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritis, urticaria, purpura, angiodema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastro-intestinal - abdominal pain, nausea and dyspepsia. Occasionally peptic ulcer and gastro-intestinal bleeding. Renal - Papillary necrosis which can lead to renal failure. Others - Hepatic dysfunction, headache, dizziness, hearing disturbance. Rarely thrombocytopenia. Side effects of codeine include constipation, respiratory depression, cough suppression, nausea and drowsiness. **Product Licence Number:** PL 00327/0082. **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA. **Legal Category:** P. **Price:** 12's MRRP £2.67, 24's MRRP £5.03, 32's MRRP £5.99. **Date:** May 2007

Information about adverse event reporting can be found at www.yellowcard.gov.uk.
Adverse events should also be reported to Medical Services, Reckitt Benckiser Healthcare (UK) Ltd, Telephone 0500 455456

Always read the label. Only available in pharmacies.

Are foreign biting bugs, once familiar only to travellers, invading the UK? asks **Stuart Hine**, entomologist and manager of the Natural History Museum's insect information service

What's bugging you?

The UK's climate is changing, in line with worldwide global warming, and there are corresponding changes to our insect and invertebrate fauna; many 'alien' species have colonised and other long-established local species have increased in distribution. So could health advice for travellers become daily routine for people who never leave the country?

Spiders

Climate change has allowed several species of spider to proliferate and rapidly increase their range northwards in the UK. Spiders such as the group commonly called false widows (genus *Steatoda*) – relatives of the feared black widows (genus *Latrodectus*) – have historically been confined to the extreme south east of the UK, being at the most northerly extent of their natural range. These have prospered due to a succession of unprecedented mild winters.

The most notorious species, *Steatoda nobilis*, is believed to have been introduced with banana shipments from the Canary Islands and Madeira. First recorded in the UK in the 1880s, this species was found only very locally in the extreme south east and south west. But since the late 1990s it has spread rapidly along the south coast and is steadily moving northwards as our climate becomes ever more favourable to its needs. The species regularly hits the headlines and schools have even been closed when it has been found in numbers.

Reported bites from this spider are increasing, in step with its growing distribution and abundance. The bite usually goes unfelt, but ensuing symptoms include local burning and a gradual radiating pain, said by some to be more severe than a bee or wasp sting.

During spring, flash flooding is becoming a more common occurrence. This drives some species of ground-living spiders indoors. One such species, the aptly named woodlouse spider (*Dysdera* [illegible]) boasts fangs 3mm in length, usually [illegible] the armoured carapace of woodlice. But [illegible] prisoner of a tender toe thrust into the shoe in which it has taken refuge (ouch!).

Victims of such spider bites often suffer from a combination of more acute and worrying symptoms such as heart palpitations, fever and nausea, but these are perhaps psychosomatic, induced shock symptoms from having been bitten by a spider rather than real effects of the injected venom. Treatment of bites should usually require no more than the application of an antihistamine cream, though very occasionally local necrosis and secondary infections can occur.

The UK public should not fear an invasion of highly venomous tropical or sub-tropical spiders. The worst case scenario is likely to be a handful of imported species from southern Europe and the Mediterranean.

Wasps

In the last 20 years the UK has seen the arrival and rapid colonisation of two species of social wasp from southern Europe. The median wasp (*Dolichovespula media*), aka the 'French killer wasp' and the saxon wasp (*Dolichovespula saxonica*) have received unwarranted headlines attesting to their overt aggressive nature and 'killer' tendencies. Of course, a handful of deaths are recorded annually and attributable to anaphylaxis as a result of wasp stings, but the venom of these European invaders is no more potent than that of the seven species of social wasp already native to the UK and neither are they more aggressive.

Malaria

There are increasing fears that malaria may be of future concern in the UK, not entirely without good reason. We already have several species of mosquito that have the capacity to be vectors of transmission for malarial plasmodium, and indeed as late as the 1800s malaria, or 'marsh fever' and 'ague' as it was known, was not uncommon in the marshlands of coastal southern and eastern England. Malarial plasmodium was transmitted by our native anophiline mosquitoes and non-tropical strains of plasmodium were responsible for the condition. Should we encounter higher numbers of malarial infected people in the UK it is plausible that malaria could once again become of medical concern. This is likely to be attributed to compounded factors of global warming, such as displacement of people and ensuing mass immigration, rather than a direct result of climate change.

Bedbugs

In large towns and cities, bedbugs (*Cimex lectularius*) are once again becoming prevalent and the number of reported infestations is increasing

The painkiller with added

is back on TV!

- Syndol National TV campaign from May to June
- No1 tension headache brand[2]
- Available in 10, 20 and 30 tablet packs to suit your customers' needs

Specially formulated for tension headaches, Syndol has two fast acting painkillers PLUS doxylamine succinate to ease the tense muscles that can prolong a headache. As 79%[1] of headaches are tension headaches, Syndol will bring much needed relief to your customers, so **STOCK UP NOW!**

Syndol with added aahh

SSL International Syndol is a trade mark of Aventis. Always read the label

Contact your SSL representative for further information about Syndol

Syndol Product Information: Indication: For the treatment of mild to moderate pain and as an antipyretic. **Active Ingredients:** Paracetamol BP 450.0mg, Codeine Phosphate BP 10.0mg, Doxylamine Succinate NF 5.0mg, Caffeine BP 30.0mg. **Dosage and administration:** For oral administration. Adults and children over 12 years: 1 or 2 tablets every four to six hours as needed for relief. Total dosage over a 24 hour period should not normally exceed 8 tablets. Codeine should be used with caution in the elderly and debilitated patients, as they may be more susceptible to the respiratory depressant effects. **Contraindications, warnings etc:** Hypersensitivity to paracetamol, codeine or other opioid analgesics, or any of the other constituents. Do not exceed the stated dose. Do not take concurrently with any other paracetamol or codeine containing compounds. Care is advised in the administration of this preparation to patients with impaired kidney or liver function and in those with hypertension, hypothyroidism, adrenocortical insufficiency, prostatic hypertrophy, shock, obstructive bowel disorders, acute abdominal conditions, recent gastraintestinal surgery, gallstones, myasthenia gravis, a history of cardiac arrhythmias or convulsions and in patients with a history of drug abuse or emotional instability. Prolonged use of codeine may lead to dependence and should be avoided. Codeine may induce faecal impaction, producing incontinence, spurious diarrhoea, abdominal pain and rarely colonic obstruction. Elderly patients may metabolise or eliminate opioid analgesics more slowly than younger adults. **Legal Category:** P RRP:10pk £2.45, 20 £3.89, 30 £5.09 Product Licence: PL 11314/0122. Product Licence Holder: Seton Products Limited, Tubiton House, Oldham OL1 3HS. Date Prepared: September 2006. For further information contact the product licence holder.

References:

1. Gallup National Survey 1998. **2.** IRI Data, March 07, all outlets.

injury. From the 1950s, this blood sucking hemipteran was beaten into submission through the use of insecticides and general vigilance, and was almost extinct in the UK by the 1980s.

However, there has been a dramatic increase in the incidence of this synanthropic pest since 2000 in hostels and hotels throughout the UK (as well as elsewhere in Europe and the USA). It is believed that increased immigration and the use of targeted pest control as opposed to the more general insecticidal treatments traditionally used by hoteliers and landlords may be the root cause. It would be prudent for pharmacists to familiarise themselves with the bites and symptoms of this parasite.

Scorpions

A species of southern European scorpion is now found in the UK. *Euscorpius flavicaudis* is a small (4cm) species native to southern Europe and North Africa. First recorded in the UK in the 1860s at Sheerness Docks in Kent, the colony still thrives there today. The species is considered only mildly venomous, certainly no worse than a bee or wasp sting; so arguably a pleasing addition to our fauna.

The last 30 to 50 years have seen an unprecedented number of invertebrates colonising and expanding their range, most noticeable during the last 10 to 15 years. We will undoubtedly accrue many more at an increasing rate as the Mediterranean climate shifts further in our direction. Some will be judged unsavoury and unwelcome, but none will truly be complete strangers to us – we will have already unwittingly met with most on our continental travels. Along

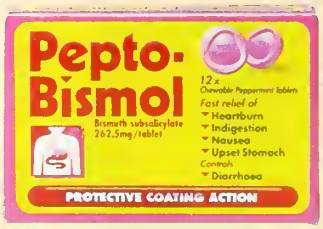
with these less salutary hordes will be some more welcome envoys of the invertebrate world. Those quietly advancing include the wasp spider (*Argiope bruennichi*), the hummingbird hawk-moth (*Macroglossum stellatarum*), the clouded yellow butterfly (*Colias croceus*), the convolvulus hawk-moth (*Agrius convolvuli*) and the rosemary leaf-beetle (*Chrysolina americana*), to name but a few.

So climate change is giving us new British bugs – good, bad and ugly – both directly and indirectly. Only a reversal in the change is likely to stop them in their tracks. However, there is no reason to be unduly concerned about most of them. At worst, we may simply have to tolerate more frequent bites from our many-legged cohorts.

Product news

Diarrhoea is often associated with holidays, as is overindulgence. Pepto Bismol is promoting itself as a trusted stomach remedy to help consumers enjoy the summer.

Pepto Bismol (bismuth subsalicylate) is licensed to treat nausea, diarrhoea, upset stomach, heartburn and indigestion. It is now available in tablets as well as the original liquid.



This summer, Zirtek is recommending you suggest customers should pack an antihistamine in their suitcases along with the other essential summer healthcare items.

UCB Pharma says customers sometimes forget they will suffer from allergies abroad as well as at home, and may come across new allergens while away.

Olympic sailors Sarah Ayton and Sarah Webb are supporting Multibionta Activate this summer as part of a campaign leading up to next year's Olympics in Beijing.

The gold medal winners are providing exclusive tips on how to boost energy and maintain a healthy lifestyle.

Manufacturer Seven Seas says the product can help with the stress of organising the summer holiday and help those taking it to get the most out of their holiday.

It costs £6.99 for 30 tablets and £11.60 for 60 tablets.

Kwells (hyoscine hydrobromide) is available in two formulations for children and adults. Kwells Kids is suitable for children aged four to 10 years, whereas Kwells is indicated for adults and children over 10.

They should be taken 20 to 30 minutes prior to the journey or at the onset of nausea. Both Kwells products are formulated to melt on the tongue.

They retail at £2.25.

Elastoplast has now expanded its silver plaster range to include Fast Silverhealing.

The range uses the antiseptic nature of silver to promote woundhealing. In addition, Fast Silverhealing also uses a polyurethane gel technology to prevent scarring.

The range now consists of fabric strips, Aqua Protect, sensitive strips, absorbent non-stick dressings and sensitive adhesive dressings, with prices ranging from £1.75 to £3.89.

For those who dislike the thick feel of some sun lotions, Nivea has launched a new lighter version: Nivea Sun Light Feeling sun lotions.

Available in SPFs 6, 10, 20 and 30, the lotions contain light oils and fine powder ingredients that are quickly absorbed into the skin.

The lotions also contain "immediate protection", which Nivea says is a technology unique to the Nivea Sun range and means sun protection starts as soon as the lotion is applied to the skin.

Prices range from £9.29 to £11.29.

the pharmacy show 2007

make a stand for pharmacy

C+D Leading Media Partner

the nec birmingham

The largest event in Europe for retail pharmacy

Lord Hunt will speak at the Pharmacy Show as part of the free accredited seminar program

- **Free accredited seminars**
- **300+ Exhibitors**
- **Free to attend**

Free **Next of Kin** stock item worth **£12.95** for the first **500 independent pharmacists** to register online at **www.thepharmacyshow.co.uk**

14th - 15th October 2007

www.thepharmacyshow.co.uk

pioneer shows

another major event from Pioneer Shows Ltd

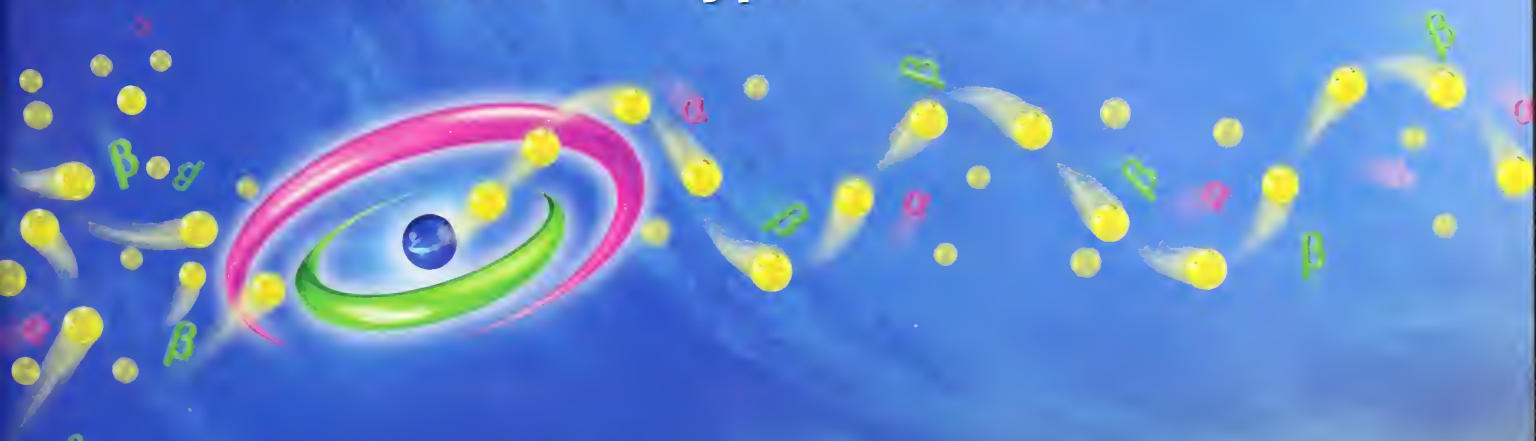
If there's one event you can't afford to miss it's the

Pharmacy Show 2007

TO EXHIBIT, CALL **01926 485151**

Introducing JANUVIA® (sitagliptin)
for patients who need additional control:

The first in a new class of DPP-4 inhibitors for type 2 diabetes



- **Proven in clinical trials when added to monotherapy with metformin or a glitazone:[1,2]**
- **Delivers substantial glucose control[1,2]**
- **Low incidence of hypoglycaemia and low risk of weight gain[2]**

NEW ORAL
Once-daily
Januvia®
(sitagliptin)

Enhancing incretins
Enhancing physiologic control

JANUVIA®▼
sitagliptin

ABRIDGED PRODUCT INFORMATION

Refer to Summary of Product Characteristics (SPC) before prescribing

Information about adverse event reporting can be found at www.yellowcard.gov.uk. Adverse events should also be reported to MSD Ltd (tel: 01992 467272).

PRESENTATION
100 mg film-coated tablet containing 100 mg of sitagliptin.

USES
'Januvia' is indicated in patients with type 2 diabetes mellitus to improve glycaemic control in combination with metformin when diet and exercise, plus metformin, do not provide adequate glycaemic control. For patients with type 2 diabetes mellitus in whom use of a PPARγ agonist (i.e. a thiazolidinedione) is appropriate, 'Januvia' is indicated in combination with the PPARγ agonist when diet and exercise plus the PPARγ agonist alone, do not provide adequate glycaemic control.

DOSAGE AND ADMINISTRATION
One 100 mg tablet once daily, with or without food. Maintain the dosage of metformin or PPARγ agonist, and administer sitagliptin concomitantly. If a dose is missed, take as soon as the patient remembers. Do not take a double dose on the same day. ***Patients with renal insufficiency:*** no dosage adjustment required for mild renal insufficiency (creatinine clearance [CrCl] ≥50 ml/min). Not recommended in patients with moderate or severe renal insufficiency. ***Patients with hepatic insufficiency:*** no dosage adjustment necessary for patients with mild to moderate hepatic insufficiency. 'Januvia' has not been studied in patients with severe hepatic insufficiency. ***Elderly:*** no dosage adjustment necessary. Exercise care in patients ≥75 years of age as there are limited safety data in this group. ***Children:*** not recommended in children below 18 years of age.

CONTRA-INDICATIONS
Hypersensitivity to active substance or excipients.

PRECAUTIONS
General: do not use in patients with type 1 diabetes or for diabetic ketoacidosis. ***Hypoglycaemia:*** in trials of sitagliptin as monotherapy, or as part of combination therapy with metformin or pioglitazone, rates of hypoglycaemia reported with sitagliptin were similar to rates in patients taking placebo. Use of sitagliptin in combination with agents known to cause hypoglycaemia, such as sulphonylureas or insulin, has not been adequately studied. ***Drug interactions*** *Effects of other medicinal products on sitagliptin* Low risk of clinically meaningful interactions with metformin and ciclosporin. Meaningful interactions would not be expected with other p-glycoprotein inhibitors. The primary enzyme responsible for the limited metabolism of sitagliptin is CYP3A4, with contribution from CYP2C8. *Effects of sitagliptin on other medicinal products Digoxin.* sitagliptin had a small effect on plasma digoxin concentrations, and may be a mild inhibitor of p-glycoprotein *in vivo*. No dosage adjustment of digoxin is recommended, but monitor patients at risk of digoxin toxicity if the two are used together. *Pregnancy and lactation:* Do not use during pregnancy or breast-feeding.

SIDE EFFECTS
Refer to SPC for complete information on side effects
In clinical trials in over 2,700 patients, the rate of discontinuation due to adverse experiences considered drug-related was 0.8 % with 100 mg per day and 1.5 % with other treatments. No adverse reactions considered as drug-related were reported in patients treated with sitagliptin occurring in excess (>0.2 % and difference >1 patient) of that in patients treated with control. ***Combination with metformin:*** *Common* (≥1/100, <1/10): nausea; *Uncommon (≥1/1,000, <1/100):* somnolence; upper abdominal pain, diarrhoea; blood glucose decreased, anorexia, weight decreased. ***Combination with a PPARγ agent (pioglitazone):*** *Common (≥1/100, <1/10):* hypoglycaemia, flatulence, peripheral oedema. In addition, in studies of sitagliptin 100 mg alone compared to placebo, adverse reactions considered as drug-related reported in patients treated with sitagliptin in excess (>0.2 % and difference >1 patient) of that in patients receiving placebo are headache, hypoglycaemia, constipation, and dizziness. Also, adverse experiences reported regardless of causal relationship to medication and more commonly in patients treated with 'Januvia' included upper respiratory tract infection, nasopharyngitis, osteoarthritis and pain in extremity.

PACKAGE QUANTITIES AND BASIC NHS COST 28 Tablets: £33.26

Marketing Authorisation Number EU/1/07/383/014

Marketing Authorisation Holder Merck Sharp & Dohme Limited
Hertford Road, Hoddesdon, Hertfordshire EN11 9BU, UK

POM **Date of review of prescribing information: April 2007**

References:

1. JANUVIA Summary of Product Characteristics.
2. Nauck M, Meininger G, Sheng D, et al for the 024 Study Group. Efficacy and safety of the dipeptidyl peptidase-4 inhibitor, sitagliptin, compared to the sulfonylurea, glipizide, in patients with type 2 diabetes inadequately controlled on metformin alone: a randomized, double-blind, non-inferiority trial. *Diabetes Obes Metab.* 2007; 9:194–205.

MSD
Merck Sharp & Dohme Limited
Hertford Road, Hoddesdon, Hertfordshire EN11 9BU, UK
www.januvia.co.uk

05-08 JAN.07.GB.32257.Jt

Date of preparation: May 2007

C+D

0207 921 8123

Booking and copy date
12 noon Monday prior
to Saturday publication subject
to availability

Contact:
Chris Docwra
Chemist + Druggist (Classified),
CMP Information Ltd
Ludgate House
245 Blackfriars Road
London SE1 9UY

T: 0207 921 8123
F: 0207 921 8130

www.dotpharmacy.com
c&dsales@cmpi.biz

Dispensing Supervisor

Delivering results. Changing lives.

Clinovia is the most experienced provider of community-based healthcare in the country across a wide range of complex acute and chronic treatments. Our flexible partnership approach, combined with a 30-year record of success, has made us into one of the most innovative organisations of our kind. Have you got what it takes to build on our success so far?

Dispensing Unit Supervisor - Harlow

Working within the Dispensing Unit Team - who specialise in providing a wide range of treatments to patients managing their conditions at home - you will be responsible for helping the Dispensing Unit Manager organise the day-to-day operations within the unit. This will involve ensuring all relevant documentation is completed accurately and on time, liaising with co-ordinators and maintaining stock control within the unit. You will also be involved in helping to implement the company's quality control process, carrying out audits and reporting all incidents.

We require a dispensing technician educated to BTEC/NVQ level 3 or equivalent. Your customer and quality focussed ethos will be backed by your ability to learn from others and draw upon their skills. Competent in the use of Word and Excel, you will be an effective communicator with an excellent telephone manner and attention to detail.

So if you're looking to develop a career in a dynamic and rapidly growing environment that offers you great career development opportunities, it's time to get in touch. To apply, please forward a full CV and detailed covering letter to Maria Bush, Clinovia, Scimitar Park, Roydon Road, Harlow, Essex CM19 5GU or email mbush@clinovia.co.uk

Closing date: Friday 8th June.

No agencies please.

clinovia®

Quality home healthcare

A member of the BUPA group

Dispensers

healthXchange UK

Dispenser and Order Facilitator Required
We are looking for a friendly efficient person to join our highly successful and expanding pharmacy team:

- Dispenser/HCA experience preferred
- Central London location
- Competitive salary
- Full-time and varied role

Please send CV to
Richard Ghanty BPharm MRPharmS
Email: ry@pharma-e.com
Tel: 020 7580 2441

MANICHEM GROUP

FULL-TIME DISPENSER REQUIRED

Manichem Group is a growing independent sector community pharmacy group with branches in the South of England.

Full-Time Dispenser
Glenlyn Health Centre, East Molesey, Surrey

40hrs per week
8hrs per day, Monday to Friday
Experienced, qualified Dispenser with NVQ level 2 or 3.
Contact: Muhammad Muther on ***020 8224 0300.***

Please view our website at ***www.manimoss.co.uk*** *for details of locations and to download an application form.*

Dispensers

RICKMANS PHARMACY

FULL TIME DISPENSING TECHNICIAN REQUIRED

(Qualified/Trainee)

Busy Independent Pharmacy requires a motivated, enthusiastic and customer friendly individual who will take a responsible position and integrate within our established team.
Job description will be provided.

Please call Rick on 020 8690 6060
or send CV to
Rickmans Pharmacy, 197 Stanstead Rd, Forest Hill SE23 1HU

Pharmacy Technician/Dispenser

required to join our busy rural practice in East Sussex.

We are looking for an enthusiastic professional with good communication skills. You will work within a team providing a high standard of dispensing services to our patients. Flexible hours, NHS pension and competitive salary for the right applicant.

Please contact Aisha/Sue (Mon–Fri 11.30–15.30) for an informal chat (01342 828782) or send a letter of application to Ashdown Forest Health Centre, 22 Lewes Road, Forest Row RH18 5AQ. Closing date 11.6.07.

Pharmacist Manager

PHARMACIST / PHARMACIST MANAGER

Dublin Region (Ireland)

Growing pharmacy group of 12 pharmacies seeks pharmacists to join dynamic team.

Excellent support staff and working atmosphere.

GREAT TERMS AND CONDITIONS:
Every second Saturday, 1 in 4 Sundays and no late nights!!!

Starting package of £75,000 per year / 45 hour

Contact Ade Stack on: **00353862862279** or
ade@soshealthcare.ie

Assistance with relocation happily provided.

Pharmacy & Telesales

LEXON

Pharmacy Representatives and Telesales Personnel Required

Due to expansion we have several Pharmacy Representative positions available in the Midlands, North London and Lancs / York's areas.

In addition we require telesales personnel in the Midlands.

Pharmacy experience is advantageous, however successful applicants will be self motivated and driven to succeed.

Please contact Sarah on 07731975891
or send your CV to sarah.donovan@lexonuk.com

Classified

Business Wanted

COHENS CHEMIST GROUP

Pharmacy chain looking to expand in the North-West & West Yorkshire areas.
Best prices paid, all turnovers/size of groups considered.
please contact Colin Caunce on 07966 524162 or Yakub Patel on 07930 577799.

PHARMACY BUSINESS TRANSFER LTD

Established pharmacy East London trading from a high street location. T/O £324,053 with a GP of £107,813. NHS items averaging 2000 per month, easy trading hours. Refurbished property with a good sized retail unit with a Dispensary and Consultation room. S/C 3 bed flat above.
Price in excess of £300,000 plus s.a.v.
for the shares of the Limited Company.
New 15 years lease, rental to include the flat of £18,000 p.a. Ref: PBT/26

Tel 01206 323808 or mobile 07920 476222
email denis.oleary@pharmacybusinesstransfer.co.uk

Is it time you reviewed your loan guarantee arrangements?

Tel: 01928 750648

PHOENIX Think

MANOR PHARMACY

Pharmacy Group looking to expand and acquire shops in the North-West & North/West Yorkshire areas.
All turnovers/ size of group considered.
High Premium Paid. All information will be treated with the strictest confidence.
Please contact Mohamed on 07958 428754 or Talha Patel on 07841 328394

Adam Myers

For all your healthcare needs

A small group looking to acquire shops in the Midlands, covering Gloucestershire, Herefordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire and surrounding areas.
All turnovers considered, all information treated with strictest confidence and a high premium paid.
For a quick decision please contact Mr Bhandal on 07710 574890
E-mail: csb@adammyers.co.uk

Stocktaking

Premium prices achieved every time
T: 01786 832777
F: 01786 832555

Wallace

Visit: www.wallace-valuers.co.uk
E: info@wallace-valuers.co.uk

Business For Sale

Shopfitting

RAPEEDgroup

RAPEED design
shopfitters

...the total shop fitting solution

T: 020 8655 2020 // F: 020 8655 3444 // www.rapeed.co.uk

Tax Consultants & Accountants

WE ARE HAPPY TO WORK WITH YOUR EXISTING ACCOUNTANT

Many pharmacists come to us purely for our tax consultancy services, whilst retaining their existing accountant to prepare their annual accounts etc.

This can be an ideal situation if you are happy with the accounts work your accountant does but he is not a tax expert. Instead of losing out on large tax savings let us work alongside your accountant.

Call Anne today for an informal chat about how it works.

Tel: 01494 722224

h & Co.
Hutchings & Co.

The Leading Tax Consultants for Pharmacists.

www.pharmacyexperts.com

Tax Consultants & Accountants

WE GIVE OUR CLIENTS A TASTE OF THEIR OWN MEDICINE... PROFESSIONAL ADVICE AND GREAT SERVICE!

EXPERT ADVICE

- Specialists in retail pharmacies – we understand the industry dynamics that shape your business
- Regulated for both accountancy services and tax advice – check if your accountant is
- Highly trained and knowledgeable team

GREAT SERVICE GUARANTEED

"Their knowledge of the pharmacy business and its peculiarities gives them an advantage over other accountancy firms, and my only regret is that I waited so long before changing to Modiplus. Nothing is too much trouble-all phone calls are answered promptly, and calls returned when required. Every time I have phoned with a question, however trivial or important, it has been dealt with professionally and courteously."

R LIGHTSTONE, LONDON

For more information or for a FREE consultation please call Umesh or Jay:

LONDON: Umesh 020 7383 3200

MANCHESTER: Jay 0161 980 0770

www.modiplus.co.uk

Member of Silver Levene Group

THE ONLY REGULATED FIRM OF CHARTERED ACCOUNTANTS AND TAX ADVISERS SPECIALISING IN RETAIL PHARMACIES

CHARTERED ACCOUNTANTS

modiplus
ADDING VALUE

Pharmacy Champions

Name
Gordon Couper

Pharmacy
Handbridge Pharmacy, Chester

What has he done?
Repeat dispensing

What have you set up?
Three years ago the PCT began trialling repeat dispensing. At that stage it did its best to encourage as many pharmacists and GPs to get involved. Unfortunately it's not been taken up as well as we would have hoped. Of all the 13 GP surgeries here, one definitely took it up, one sort of took it up and the rest have just dabbled. Now the PCT is expressing to the GP network that the system is out there, that it will help their workload and should be something they should look at more closely

How does it work?
The patients come in with their bundle of prescriptions. One is a repeat authorisation; we hold that for them. We then have a bundle of repeat prescriptions, and hold all of them on behalf of the patient. We issue them a record card. They then come back in when their next prescription is due and hand over the record card. We then go straight to our filing system and dispense their prescription for them.

How do your patients find it?
Most of [illegible] find it so [illegible] monthly [illegible] The can even [illegible] we have [illegible] and they don't [illegible] also give [illegible] opportunity [illegible] patient [illegible]

Who is suitable for a repeat prescription?
Most of them have stable medical conditions. A lot are on thyroxine. We have a number of patients who get regular supplies of bath products for skin conditions. We have one or two patients who have been on regular medication for a number of years and the GP is happy for them to have a repeat prescription. It might just be that they have difficulty getting to the surgery so doing this is easier for them. For some people it's not appropriate. If it's a more serious or unstable condition the GP would like to be seeing them on a regular basis.

What interaction is there with the GPs who are taking this up?
We give the patient a leaflet about repeat prescriptions if we think they might be interested. We don't go to the GP and say we think this person might benefit from it. It's up to the GP.

Does it add any extra workload to you and your staff?
The counter staff deal with it like it's a normal prescription. It's no harder for our counter staff. If a patient comes in and is new to the system then generally the pharmacist would check the patient understands how the system works. No doubt the GP surgery would have explained it, but we are all human and forget things.

Has it been a benefit?
It has. But it would be a bigger benefit if the scheme had been taken up more by GPs. It provides an extra service to your patients. It's also a guaranteed way of getting a regular prescription [illegible] coming to you. It's guaranteed business. If a patient has individual prescriptions, they could go to any pharmacy. From a business point of view it is good because it keeps them coming back to you.

Under the white coat

What's the best part of your job?
The satisfaction you get when you help a patient and they show their appreciation for it.

What's the worst part of your job?
When you try and do your best for a patient and it's just not good enough.

If you were king of pharmacy for just one day, what would you change?
I would make sure that community pharmacy was an integral part of the healthcare system. We're getting there, but we're not quite there yet.

What do you think your colleagues think of you?
I don't think we provide anything different from what my colleagues are providing. We just all have our own way of doing things.

COMPLETELY REVISED AND UPDATED

What do your customers really want when they walk into your pharmacy?

Advice...

Knowledge...

A confident, friendly face across the counter...

...ALL OF THESE

COUNTERPART
PHARMACY ASSISTANT DEVELOPMENT

An RPSGB-approved training course to equip medicines counter staff with the knowledge they need to give your customers the service they expect when they visit your pharmacy.

It's a practical, interactive, easy to use, fresh and modern approach to training counter assistants that gives them the freedom to complete the course at their own pace, and for you, the pharmacist, to help guide them along the way.

Counterpart offers great value for money. Once you have purchased one set of training modules this can be shared among your staff. There is no need for repeat purchase, giving you the most economical training option for your pharmacy.

To find out more about Counterpart, or to order your training pack over the phone call:
Pauline Sanderson on 01732 377269,
Email psanderson@cmpmedica.com
OR order your copy now by completing the form below

What the Counterpart Pharmacy Assistant Development programme includes:

- Folder with 14 modules covering different therapy areas
- Student Workbook (supplied on registration)
- C+D Guide to OTC Medicines
- Easy-to-use phone service for assessment with immediate feedback for students

Training modules £41.13 (inc VAT) per set. Can be shared among staff – no need for repeat purchase
Registration fee £41.13 (inc VAT) per member of staff. Workbook plus access to the phone assessment.

Counterpart complies with the RPSGB's requirement for MCA courses and is accredited by the College of Pharmacy Practice.

Counterpart is supported by Wyeth Consumer Healthcare

Wyeth Consumer Healthcare

To: Pauline Sanderson, Pharmacy Projects, CMP Information, Riverbank House, Angel Lane, Tonbridge, Kent TN9 1SE

Pharmacist:
Address:
Post Code:

Pharmacy:
Phone no:
Orders will not be accepted without a telephone number

	Number	Total
Learning Modules Number of sets @ £41.13 (inc VAT)		£
Course registration fee Number of staff @ £41.13 (inc VAT)		£

Name:
Name:
Name:

Total payment £

❑ Cheque enclosed (payable to CMP Information)
❑ Credit/debit card payment – details below

Card Type (Visa/Mastercard/AmEx):
Card number:
Expiry Date:
Name (as on card):
Signature:

Information you supply to CMP Information Ltd may be used for publication (where you provide details for inclusion in our directories or catalogues and on our websites) and also to provide you with information about our products or services in the form of direct marketing activity by phone, fax or post. Information may also be made available to 3rd parties on a list lease or list rental basis for the purposes of direct marketing. If at any time you no longer wish to (i) receive anything from CMP Information Ltd or (ii) to have your information made available to 3rd parties, please write to the Data Protection Co-ordinator, Dept CDM650, CMP Information Ltd, FREEPOST LON 15637, Tonbridge, TN9 1BR or Freephone 0800 279 0357 quoting the following codes: (i) CDM650 C, (ii) CDM650 T.

...And whilst they quit, they can keep their weight under control

5 out of 10 smokers remained quit at 4 weeks with NiQuitin cq® 4mg Lozenge.[1] NiQuitin cq® 4mg Lozenge can significantly reduce the weight gain associated with the first few months of quitting.[1]

Help your customers quit with NiQuitin

nicotine

See SPC for full information. **Dosage:** Adults: 4mg if smoke … 2 hours (4mg), 9 max. … 4 to 8 hours. **Contraindications/** … impairment … taste/sensory disturbance, dyspnoea, respiratory disorders, rashes, itching, sweating, numbness, flushes, vascular disorders, halitosis, chest pain, throat swelling, leg oedema, pain, malaise, wakefulness, palpitations, tachycardia, tooth/jaw ache, nocturia. See SPC for full details. **Pregnancy/ lactation:** Try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary. GSL **PL** 00079/0369, 0370, 0373 & 0374. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** 36's £8.99, 72's £17.49. **Date of revision:** December 2005. **Reference:** 1. Shiffman S *et al.* Arch Intern Med 2002; **162:** 1267-1276.

gsk GlaxoSmithKline Consumer Healthcare

… are registered trade marks of the GlaxoSmithKline group of companies.